Tage 4 may be retained by the myspital of attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| 0/2000  |  |  |
|---|--|--|
| 1. PLACE DF DEATH a. CDUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re   | sidence before admission)                  |
| Maryland Maryland   |  | taemery.                                   |
| b. CITY DR TDWN (If outside corporate limits. \   c. LENGTH OF STAY IN 1b       | c. CITY OR TOWN (If outside corporate limits, write RURAL  |  |
| write RURAL and give hearest town)  | Tall and a   | 15-1                                       |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)    | d. STREET ADDRESS  | l e. IS RESIDENCE                          |
| V 1 1 1 1 1 1 1 1 1 1   | 1300 10 +1   | ON A FARM?                                 |
| Nensington Gardens Janitarium   | 3302 hocust fluenue  | YES NO                                     |
| 3. NAME OF DECEASED First Middle  | Last 4. DATE Month   | Day Year                                   |
| (Type or print) Sophie  | Raque DEATH rebruary   | 22-1966                                    |
| 5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED                            | 8. DATE OF BIRTH 9. AGE (In years IFUNDER)   | YEAR IF UNDER 24 HRS.<br>Days Hours   Min. |
| Temale White WIDOWED DIVORCED   | 1001, 1878 87 yrs.   | Days Hours Min.                            |
| 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR          | 11. BIRTHPLACE (County & State, or foreign country)   12. Cl   | TIZEN OF WHAT                              |
| during most of working life, even if retired)  NDUSTRY  Housewife               | Germany U  | UNTRY?                                     |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |  |
| William C Raco  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.     | Sophie Daughter Address  | 2.7  |
| (Yes, no, or unkown) (If yes give war or dates of service)                      | Daugittel Somo oc  | Item 2.                                    |
| No Unknown Mrs  | s. Charles Benton Same as  |  |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (e).]       |  | ONSET AND DEATH                            |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)                                | inest  |  |
| 4200 DUE TO 2-1   | 2 -3 11-1  | Juna.                                      |
| Conditions, If any, which ) (b) Cheriosc  | lerole Walsease  | 2/-2                                       |
| gave rise to immediate  | - 1 0 '  | 5-1-1-                                     |
| cause (a), stating the underlying cause last.                                   | leusclerons  | 0 900                                      |
|   | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   | 19. WAS AUTOPSY                            |
| diventing liting  |  | PERFORMED?                                 |
| 2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU                    | IRRED. (Enter nature of injury in Part I or Part II of Item 18.)   |  |
| G   OR CONTRIBUTING □ CAUSE OF DEATH   G   (IF EITHER, NOTIFY MEDICAL EXAMINER) |  | RESIDE                                     |
| feete   | CE OF INJURY (Home, farm,   20f. (City or town) (Courry, street, office bldg., etc.)   | nty) (State)                               |
| Hour a.m.  p.m.  19   While   Not While   factor   at work   at work            | in a control of the c |  |
| 21. I certify that (I) (this hospital) attended the deceased from               | 19/0 to 100 196  | that (I) (we) last                         |
|   | t death occurred at 4-M, from the causes and on the  |  |
| 22a. SIGNAFURD  | 22b. D/  | TE SIGNED                                  |
| many hadler M.D   | O. ATTENDING MED. MED. STAFF PHYS. DIRECTOR PHYS. D  | 22/66                                      |
| 22c. PHYSICIAN'S  | 22d. ADDRESS O   | 10 10                                      |
| NAME (Type) MARVIN WAVLER   | 9218 Misconson for   | selvada, Mo                                |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY               | OR CREMATORY 23d. LOCATION (City, town or cou  | nty) (State)                               |
| Burial-transit 2-22-66 Fort Hill C  | Semetery Auburn, New Yo  | ork  |
| 24. FUNERAL DIRECTOR PLIMPHREY BOTT ADDRESS Mar                                 | yland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'  | SSIGNATURE                                 |
| ROBERT A. PUMPHREY Bethesda, Mar  | FEB 24 1956 Clarles  | Judge                                      |
|   | I DAILE 1000 I   | $\theta - \theta - \cdots = \theta$        |

VR A15 (4) 15M 4-64

The span was proved the control of the control of the state of the control of the the state of the s Figure 1878 1878 1878 1878 Shirpeys Mrs. Charles Conton Some Is Item 2. Destill-From the 2022-56 Fort Hill Comptext Autorn, New York and a Purple Bill Betheadn, Maryland a

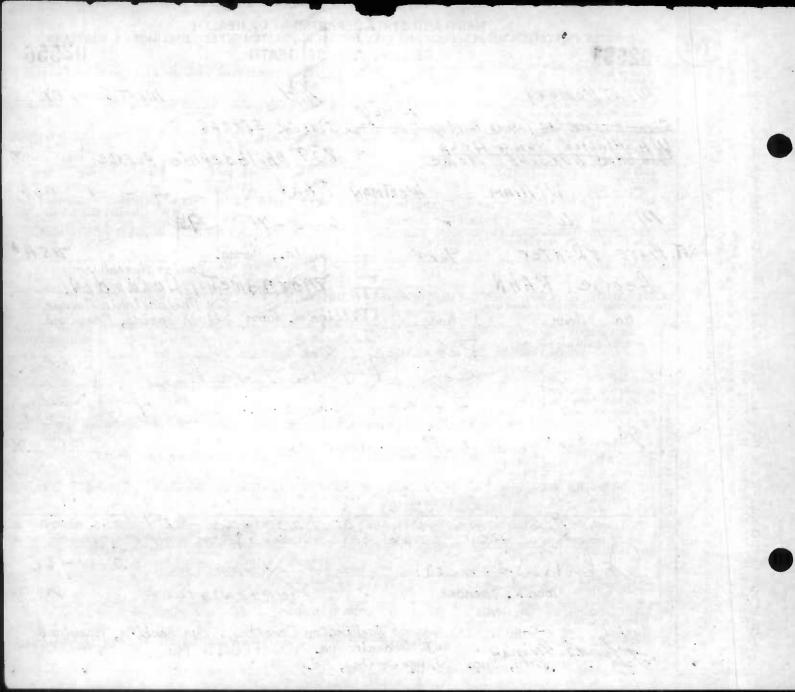
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
R2591
CERTIFICATE OF DEATH

| UNIOUS  | 0 000   |
|---|---|
| 1. PLACE OF DEATH a, COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission          |
| MONT FOMERY MARYL   | and a. STATE b. COUNTY MANT COME OY   |
| b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)                      |   |
| C'INTO COO UN TOVING PROMING 44 1   | 5da SINER SPRING 15-1   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add                               | dress) d. STREET ADDRESS e. IS RESIDENC   |
| VA-KLAND, NURSING HOME  | 879 Philadephia AVENUE YES NOTE   |
| 3. NAME DF First Middle   | Last   4. DATE Month Day Year   |
| (Type or print) W'IIAM WEDTM  | AN RAHN DEATH I - 1 1966.   |
| 5. SEX   6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED  | 19. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HR  |
| M. WIDOWED DIVORCED   | last pirthday) Months Days Hours Min.   |
| 10a. USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR                              | 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT                       |
| during most of working life, even if retired)  NDUSTRY  PLATE  RENTET  Part                           | Phila. Penna. COUNTRY? 715A   |
| 13. FATHER'S NAME   | 14 MOTHER'S MAIDEN NAME // A/   |
| George RAHN   | mare a met in a partie of and   |
| 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.                                 | 17. INFORMANT   |
| (Yes, no, or unkown) (If yes give war or dates of service)  | 829 Philadelphia Hvenue   |
| 1 18 CAUSE OF DEATH LEADER ON COLOR OF THE COLOR  | William A. Rahn Silver Spring, Maryland   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) The morange   | edema 1   |
| 416 X DUE TO 6  | 1 1-10 24-hr  |
| Conditions, If any, which gave rise to immediate  | un heart facture  |
| cause (a), stating the DUE TD   | 3 /1-2da  |
| underlying cause last. (c)  | precentarion of   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO                                    | TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?      |
| 5 Demender of arterias  | Cararin YES NO NO   |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DR CONTRIBUTING   CAUSE OF BEATH              | OCCURRED. (Enter mature of Injury In Part I or Part II of Item 18.)                           |
| DR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                                   |   |
| 20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20                                      | e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)                        |
| Hour a.m. While Not While p.m. 19 at work at work   | factory, street, office bldg., etc.)  |
| 21. I certify that (I) (this hospital) attended the deceased fro                                      | m 80 5 7 2 3 106 4 to 20 8 / 10 (/ show (motion) los  |
|   | d that death occurred at 2 M, from the causes and on the date stated above                    |
| 22a/ SIGNATURE  | 22b. DATE SIGNED  |
| John K Joenney  | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.                                       |
| 22c. PHXSICIAN'S  | 22dADDRESS  |
| MAME (Type) John R. Spencer   | BURTONSVILLE MD.  |
|   | METERY OR CREMATORY   23d. LOCATION (City, town or county) (State)                            |
| REMOVAL (Specify) Runial 2-4-66 George Wa   | shington Compton Hustraille Mandad  |
| 24. FUNERAL DIRECTOR  | ahungton (emetery duattavalle Maryland)  [25a. REGED BY REGISTRAP] 25b. REGISTRAP'S SIGNATURE |
| Water Stromas 8434 years  | ia Hue. FEB ( 1966 Ferrances grade  |
| when comprised inco owner ont   | ina. Md. I DATE   |

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and brany event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02557

|  | 40   |                           |                       |                                      |                            |                    |                |                      |
|--|--|---------------------------|-----------------------|--------------------------------------|----------------------------|--------------------|----------------|----------------------|
| 1. PLACE OF DEAT   | Н  |                           |                       |                                      | CE (Where deceased live    |                    | esidence befor | re admission)        |
|  | Montgomery   |                           | MARYLAND              | a. STATE Ma                          | ryland                     | b. COUNTY<br>Mont  | gomery         | V                    |
| b. CITY OR TOV   | VN (if outside corporate I end give nearest town)          | imits,   c. LE            | NGTH OF STAY IN 1     | b c. CITY OR TOWN (I                 | f outside corporate lir    | nits, write RURAL  | and give nea   | arest town)          |
|  | thesda   |                           | 5 Days                | Silver                               | Spring                     |                    | 15-1           |                      |
|  | SPITAL OR INSTITUTION (                                    |                           |                       |                                      |                            | ,                  |                | RESIDENCE            |
| m1 03.4  |  | D . A1 3 -                | 41 363                | ndnd nat                             | +m-11 Mamma                |                    | _              | A FARM?              |
|  | ical Center,   | Betnesda                  |                       |                                      | trell Terra                |                    | Day YES        | Year                 |
| DECEASED   | First  |                           | Middle                | Last                                 | 4. DATE<br>OF              | Month              |                |                      |
| (Type or print)  | Richard  | Aı                        | rnold                 | Ressler                              | DEATH Fe                   |                    |                | 19 66                |
| 5. SEX   | 6. COLOR OR RACE 7.  | MARRIED NE                | EVER MARRIED          | 8. DATE OF BIRTH                     | 9. AGE (In                 | thday)   IF UNDER  | Days Hou       |                      |
| Male   | MILLE  | WIDOWED [                 | DIVORCED              | 27 April 19                          | 50 15                      | угв.               |                |                      |
|  | TION (Give kind of work don<br>king life, even if retired) | e 10b. KIND OF            | BUSINESS OR           | 11. BIRTHPLACE (                     | County & State, or foreign |                    | ITIZEN OF WI   | HAT                  |
| Studen   |  |                           |                       | Washing                              | ton, D.C.                  |                    | USA            |                      |
| 13. FATHER'S NAT   |  |                           |                       | 14. MOTHER'S MAI                     | DEN NAME                   |                    |                |                      |
|  | Murray Ressl   | er                        |                       | Rel                                  | le Simon                   |                    |                |                      |
| 15. WAS DECEASED   | EVER IN U.S. ARMED FORC                                    | ES?   16. SOCIAL          | LSECURITY NO.   1     |                                      | Medical Re                 | Address            |                |                      |
|  | (If yes give war or dates of ser                           |                           | 00//                  |                                      |                            |                    | M              | l and                |
| NO CAUSE OF  | DEATH [Enter only one c                                    |                           |                       | The Clinical                         | center, bet                | nesda 14           |                | BETWEEN              |
|  |  | The state of the state of |                       |                                      |                            |                    | ONSET AN       | ND DEATH             |
| FART I. D  | IMMEDIATE CAUSE (a)  | Acute Hy                  | <pre>vpotensior</pre> | secondary t                          | o Klebsiell                | a Sepsis           | 1 hou          | ır                   |
| 204  | 3 DUE TO   |                           |                       |                                      |                            |                    | 0.             |                      |
| Conditions, If   |  | Gastroin                  | ntestinal             | hemorrhage                           |                            |                    | 24 hc          | ours                 |
| gave rise to cause (a),  |  |                           |                       |                                      |                            |                    |                |                      |
| underlying cau   |  | Acute My                  | velogenous            | Leukemia                             |                            |                    | 22 mc          |                      |
| PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a. | SIGNIFICANT CONDITIONS                                     | CONTRIBUTINGT             | O DEATH BUT NOT R     | ELATED TO THE TERMINAL               | DISEASE CONDITION G        | IVEN IN PART 1(a)  |                | S AUTOPSY<br>FORMED? |
| ICAT   |  |                           |                       |                                      |                            |                    | YES V          |                      |
| 20a. ACCIDENT  | T WAS UNDERLYING TING CAUSE OF DEATH                       | 20b. DESCRI               | BE HOW INJURY O       | CCURRED. (Enter nature of            | of Injury in Part I or P   | art II of Item 18. | .)             |                      |
| OR CONTRIBUT   | TING □ CAUSE OF DEATH<br>OTIFY MEDICAL EXAMINER            | 0                         |                       |                                      |                            |                    |                |                      |
| ₹ 20c. TIME OF   | INJURY Month, Day, Yea                                     | r   20d. INJURY           | OCCURRED 120e.        | PLACE OF INJURY (Home, 1             | farm.   20f. (City or 1    | town) (Cou         | inty)          | (State)              |
| Hour a   | .m.  | While - No                | ot While fa           | ctory, street, office bldg.,         | etc.)                      | ,                  |                |                      |
| \(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\                      | .m. 19   | at work e                 | t work                |                                      | (( 00 =                    |                    | 11 1           |                      |
| 21. I certi  | ify that XIX (this hospital occursed alive on 23           | d) attended the           | deceased from         | 9 January ,                          | 19.56, to 23 F             | ebruant f          | 20, that U     | A (we) last          |
| saw the de   | ceased alive on <2   | reoruary                  | 19 00 , and t         | hat death occurred at                | M, from the                | causes and on the  | he date sta    | ited above.          |
| 22a. STENAT  | JRE /  | 1 0                       |                       | ATTENDING -                          | MED STAF                   | F 77 00 7          | ALE SIGNED     | 10//                 |
|  | cours,   | P                         |                       | M.D. PHYS.                           | DIRECTOR PHYS              | S. WIRS FE         |                |                      |
| 22c. PHYSICI   | Promoti  | C 73 mm as                | man M D               | THE RESIDENCE OF THE PERSON NAMED IN | The Clinica                |                    |                |                      |
|  | Theodore   | 1                         | rman, M.D.            |                                      | es of Healt                |                    |                |                      |
| 23a. BURIAL, CRE   | MATION, 23b. DATE THE                                      | REOF 23c.                 | NAME OF CEMET         | ERY OR CREMATORY                     | 11 11 11                   | (City, town or cou | unty)          | (State)              |
| BUNITY   | - 0/24/6   | 6 M                       | T. LEBE               | PHON CEM                             |                            | VILLE              |                | 70                   |
| 24. FUNERAL DIR  | ECTOR /  |                           | ADDRESS               | 25a R                                | C'D BY REGISTRAR           | 25b REGISTRAR      | S SIGNATUR     | tE.                  |
| ALORE  | RE FONERD  | 1 HOME                    | 11217-9               | of OXHUNDETE                         | 2 5 1956                   | flance             | Judg           | ~                    |

VR A15 (4) 15M 4-64

A comment. The District Contest, Texterior II., III. - I 19102 Octob II I Brance and the second s Telephone Teleph -- Literatur (Alexander) Buttetes London, Buttaren 14, entretum Time I through the could be westered to tentage of the light I don't AL-PART MARKETER STATE tend to district tenter, leading Newdown 5.) Exemptions, L.D. Institution and Maclinia, technique MA, 200.

The same of the sa

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence bafora edinission) a. COUNTY b. COUNTY ould be executed within 24 hours after death. If any delay is necessary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Department of yor removal, and in any event withfu 72 hours after death. Montgomery New Jersev MARYLAND b. CITY OR TOWN (if outside corporale limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporeta limits, write RURAL end give naarast town) write RURAL end give neerest town) Silver Spring Phillipsburg 2 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 115 Glen Avenue YES NO X Holy Cross Hospital 3. NAME OF Middla Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Reyda February 1966 Anna 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours December 8, 1901 WIDOWED 64 Vrs. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) own home U.S.A. New Jersev Housewife 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within 24 Malina Anna Joseph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Revda\*son Silver Spring. Office along with 18. CAUSE OF DEATH [Enter only one sause per line for (a), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO if env. which cremation please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a Health or its designated agent, prior to burial, cremation, eave rise to immediate cause DUE TO (e), stetling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO TI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part I or Part II of itam 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described stove, held an Autopsy VI. Inspection Inquiry and in my opinion death resulted from: Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D SIGNATURE. DEPUTY **SEPHITY** NAME (Type) Address (Street, city or county) 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 5 1966 Peter & St Feb. Paul Alpha. New Jersey A 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

1000000 \* t 47 M. The state to the second THE CONTRACTOR OF STREET BY A PROPERTY OF THE PARTY OF TH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

|            | UZ334  | CERTIFICATI                           | C OF DEATH  | U                                       | STOPE AL                    |
|------------|--|---------------------------------------|---|---|-----------------------------|
| 1.         | PLACE OF DEATH   |                                       | 2. USUAL RESIDENCE (                                      | Where deceased lived, If institution: F | Residence before admission) |
|            | a. COUNTY  |                                       | Ma. STATE   | b. CDUNTY 44                            | Diseased Leaves             |
|            | Monigomery   | MARYLAND                              | Maryland  | A                                       | intgomery                   |
|            | b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b               | c. CITY OR HOWN (If out                                   | side corporate limits, write RURAL      | and give nearest town)      |
| T          | Kama Park  | 40246                                 | HWEILY LIN  | Silver Spring                           | 11 2                        |
| -2.6       | d. NAME OF HOSPITAL OR INSTITUTION (if not in ho                                 | spital, give street address)          | d. STREET ADDRESS   | siver spring                            | l e. IS RESIDENCE           |
| F .        | 11. 4. 0 24.   | . 11                                  | 111 m D   | d at 1                                  | ON A FARM?                  |
| de         | ashinatonianilarium  | + 10501121                            | 1911 Kau  | Tan Street                              | YES NO                      |
| 3.         | NAME OF First  | Middle                                | Last 4.   |   | Day Year                    |
|            | (Type or print)  | · No.                                 |   | OF DEATH 7                              | 72 10//                     |
| 5          | CCV 1 C 00100 D 0405 1   | uson Al                               | B. DATE OF BIRTH  | 9. AGE (In years   IF UNDER             | 23 1966                     |
|            | 6. CULDR DR RACE 7. MARRIED  | NEVER MARRIED                         | MIE OF BIRTH  | last birthday) Months                   | Days Hours Min.             |
| V          | Tale WIDDWED   | DIVORCED                              | 1-3- 47   | 68 yrs.                                 | Days Hours IIIII            |
| 10a        | . USUAL OCCUPATION (Give kind of work done   10b. KI                             | ND OF BUSINESS OR                     | 11. BIRTHPLACE (County                                    |   | ITIZEN DF WHAT              |
| 99         | ing most of working life, even if retired)                                       | DUSTRY                                | 1/1.  | 6                                       | DUNTRY?                     |
| 12         | roy of Maryniversily   | Education                             | 11/79/015   |   | 54                          |
| 13.        | PATHER'S NAME  |                                       | 14. MOTHER'S MAIDEN                                       | NAME                                    |                             |
|            | Henry Kicheson   |                                       | 12/4/VI/1/4/1/  | 116/14/14/11 Judit                      | h Durrett                   |
|            | . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. 5                                | SDCIAL SECURITY ND.   17.             | INFORMANTAL D   | V + L Address /                         | Md.                         |
| (Ye        | s, no, or unkown) (If yes give war or dates of service)                          | · · · · · · · · · · · · · · · · · · · | I Inches  | Kathrine Richeso                        | 1100                        |
|            | NO None 220  | 2-31-6894 MAR                         | SOITHUY NUGEL   | Att 1917 Ruatan                         | St. S.S.                    |
|            | 18. CAUSE OF DEATH [Enter only one cause per lin                                 | ne for (a), (b), and (c).]            |   | 1 0:                                    | INTERVAL BETWEEN            |
|            | PART I. DEATH WAS CAUSED BY:   | etastati.                             | Carlinolia  | . A. liver                              | DNSET AND DEATH             |
|            | IMMEDIATE CAUSE (a)  | 11-00                                 | 00000000  | -                                       |                             |
|            | DUE TD   |                                       | 0, 1  | - 4                                     | 10. 11                      |
|            | Cenditions, If any, which (b)  | runoma                                | of prosts   | all                                     | 10 money                    |
|            | gave rise to Immediate DUE TO  |                                       |   |   |                             |
|            | underlying cause lest  |                                       | V   |   |                             |
| Z          | (6)  | TIME TO DEATH DUT NOT OCLA            | TED TO THE TERMINAL DIAL                                  | ACCORNICION CIVEN IN DARK 1/c)          | 119. WAS AUTOPSY            |
| Ţ          | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT                                  | ING ID DEATH BUT NOT KELA             | IED TO THE TERMINAL DISE                                  | ASE CONDITION GIVEN IN PART 1(a)        | PERFORMED?                  |
| 1CA        |  |                                       |   |   | YES ND                      |
| CERTIFICAT | 20a. ACCIDENT WAS UNDERLYING 20b. D  | ESCRIBE HOW INJURY DCCU               | RRED. (Enter nature of inju                               | ury in Part I or Part II of Item 18     | .)                          |
| 8          | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)              |                                       |   |   |                             |
|            |  | INDV DODIES DE LOS DIA                |   | 1 001 1011                              | -1.)                        |
| MEDICAL    | Davis and  | factor                                | CE DF INJURY (Home, farm, ry, street, office bldg., etc.) | 20f. (City or town) (Cou                | unty) (State)               |
| VED        | p.m. 19 at work  | Mot while                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |   |                             |
| ~          |  |                                       | 0-16 106  | 1 = 2-23 106                            | ( Abad (I) (una) land       |
|            | 21. I certify that (I) (this hospital) attende                                   | d the deceased from                   | 196   | 1, to 2 3 , 19 6                        | , that (I) (we) last        |
|            | saw the deceased alive on 2-2-3  | 19 <u>66</u> , and that               | death occurred at   | M, from the causes and on t             |                             |
|            | 22a. SIGNATURE   |                                       | , , , , , , , , , , , , , , , , , , ,                     |   | ATE SIGNED                  |
|            | peu a  | caps, M.D.                            | ATTENDING MED   | CTOR PHYS. 2                            | -23-66                      |
|            | 22c. PHYSICIAN'S   |                                       | 22d. ADDRESS  | 1 21 17 6                               | 0 0.                        |
|            | NAME (Type) / / / / /  | 7 G-1                                 | 831 Univ  | easity Stud = h                         | loer Jours Med              |
| _          |  |                                       |   |   |                             |
| 23a        | . BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Specify)                         | 23c. NAME DF CEMETERY                 | OR CREMATORY  | 23d. LOCATION (City, town or co         | unty) (State)               |
|            | Burial 2-26-661  | Druid Ridge C                         | emeteru   | Baltimore, Maryla                       | ind                         |
| 24         |  | ADDRESS .                             | 1 25a REC'D   | BY REGISTRAR   25b. REGISTRAR           | S SIGNATURE -               |
| 1/2        | Varner E. Pumphrey. Inc.   | 14 14 yeorgia Hi                      | venue H   | 25 1956 Juan                            | By Judge                    |
|            | Jarner L. Pumphrey, Inc.   | silver opring,                        | Md. DATE  | 0 .009                                  | 4 4                         |

VR AIS (4) 20M 1/65

CALL OF THE SERVICE CONTROL OF THE SERVICE OF THE S Marie William Conference The state of the s

# FOR STATE

delay is

"pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward

VR A15ME (5)

P.M.3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 an 22 min the State Department of Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. ang with farm the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office of

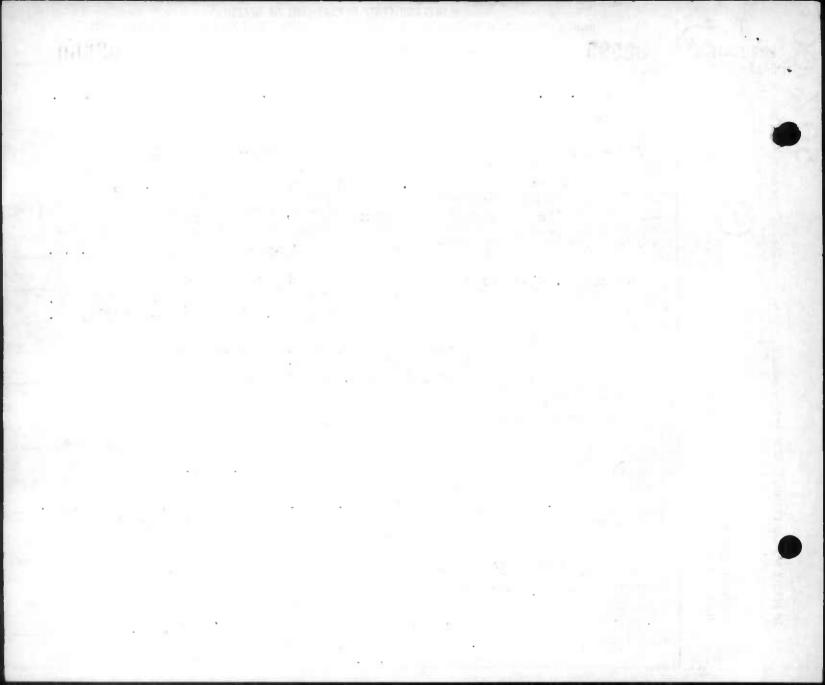
02595

### Division of STATISTICAL RESEARCH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

02560

| 1.            | PLACE OF DEATH<br>a. COUNTY                          |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)     o. STATE     b. COUNTY |                             |                 |  |              |   |              |           |                                |
|---------------|--|--|--|-----------------------------|-----------------|--|--------------|---|--------------|-----------|--------------------------------|
| <u>_</u>      | Mo   | nt. Co.  |  | MARYL                       |                 | Md.                                    |              |   | Mon          | at. (     | 30.                            |
|               | b. CITY OR TOWN (I                                   | If autside corporate limits<br>Laixe nearest town) |  | c. LENGTH OF STAY IN        | l lb            | c. CITY OR TOWN (If ou                 |              |   | RAL ond give | e neorest | town)                          |
|               | Be   | tnesda   |  |                             |                 | Bet                                    | hesd         | a   |              | 15        | -/                             |
| Г             |  | AL OR INSTITUTION (If not                          | , ,  | give street oddress)        |                 | d. STREET ADDRESS                      |              |   |              | е.        | IS RESIDENCE<br>ON A FARM?     |
|               |  | dgemore Lan  | е  |                             |                 | 471                                    | 0- E         | dgemore La                                | ane          | YI        | ES NO                          |
| 3.            | NAME OF<br>DECEASED                                  | Charles:   | it   | Middle F.                   | R               | last<br>icketts                        | 4. DAT<br>OF |   | th 22,       | Doy       | Year                           |
| -             | (Type or print)                                      | 6. COLOR OR RACE                                   | 7 MARRIER  |                             |                 | DATE OF BIRTH                          | DEA          |   | I IF UNDER   | 1 VEAD T  | 19 66<br>IF UNDER 24 HRS.      |
|               | Male   | White  | 7. MARRIED<br>WIDOWED  | NEVER MARRIED DIVORCED      |                 | Sept 9, 191                            | 11           | 9. AGE (In yeors lost birthdoy) 5455 yrs. | Months       | Days      | Hours Min.                     |
| 10            | o. USUAL OCCUPATION                                  | (Give kind of work done                            | 10b. KII   | ND OF BUSINESS OR           |                 | 11. BIRTHPLACE (Stote                  | or foreign   | n country)                                | 12. CI1      | IZEN OF   | WHAT                           |
| du            | ring most of working                                 | ite, even if refired)                              | Par  | DUSTRY ng                   |                 | Maryl                                  | and          |   | (0           | UNIRY?    | .A.                            |
| 13            | FATHER'S NAME  |  |  |                             |                 | 14. MOTHER'S MAIDEN I                  |              |   |              |           |                                |
|               | Charl  | es F. Ricke  | tts  |                             |                 | Carri                                  | e Be         | nnett                                     |              |           |                                |
| 15            | . WAS DECEASED EVE                                   | R IN U.S. ARMED FORCES?                            | 16. 5  | SOCIAL SECURITY NO.         | 17. 1           | NFORMANT                               |              | 2. Adjir                                  | Woodl        | and       | Rd.                            |
| (Y            | es, no, or unknown)                                  | (If yes give wor or dotes of                       | service)   |                             |                 | Julian W.                              | Rick         |   | ckvil        |           |                                |
|               |  | ATH (Enter only one cous<br>H WAS CAUSED BY:       | ,  | ( ) ( )                     |                 |  |              |   |              |           | RVAL BETWEEN<br>T AND DEATH    |
|               | 900  | IMMEDIATE CAUSE (                                  | o) Sul   | parachnoid<br>th cerebral   | hemo            | rrhage, rig                            | tht f        | rontal                                    |              |           |                                |
|               | Conditions, if ony,                                  | 1:1  |  |                             |                 |  | -            |   |              |           |                                |
|               | rise to immediat                                     | e couse (a)  |  | SKULL Iract                 | ure.            | left tempo                             | ral          |   |              | -         |                                |
|               | stoting the under                                    |  |  |                             |                 |  |              |   |              |           |                                |
|               | last.  |  | (c)  |                             |                 |  |              |   |              | Too III   |                                |
| ATION         |  | GNIFICANT CONDITIONS CO                            | NI RIBUTING T  | O DEATH BUT NOT RELA        | TED TO T        | HE TERMINAL DISEASE CON                | NDITION G    | IVEN IN PART 1(o)                         |              | P         | VAS AUTOPSY<br>ERFORMED?<br>NO |
| CERTIFICATION | 200. EXTERNAL CA<br>PRIMARY COLOR<br>CAUSE OF DEATH. | USE WAS<br>NTRIBUTING                              | 20b. DE<br>Fell  | scribe how injury occidence | URRED.(<br>rete | Enter noture of injury in Steps in A   | Port For F   | Port II of item 18.)<br>Bldg.             |              |           |                                |
| MEDICAL       |  | JRY Month, Doy, Yeor                               |  |                             |                 | E OF INJURY (Home, form                |              | (City or town)                            | (Cou         | inty)     | (Stote)                        |
| WEG           | Hour o.n   | Unb 7/1 10 6                                       | 6 While  | Not While to ot work        | Apt             | ry, street, office bldg., etc.)  Bldg. | B            | ethesda, Mo                               | ontgon       | erv.      | Md.                            |
|               |  | y that I taak charge                               |  |                             |                 |  |              | ctian 📉 , Ingu                            |              |           | n my opinian                   |
|               |  |  |  | , Accident x,               |                 |  |              | Undetermined m                            |              |           |                                |
|               | ACTUAL   | 00   | 0  | 0.7                         |                 | CHIEF MEDICAL                          | EXAMINE      | R   |              |           |                                |
| Ш             | ACTUAL<br>SIGNATURE                                  | · John -   | 5.13   | all                         |                 | M.D. ASSISTANT MED                     | ICAL EXAM    | AINER 🗌 🤿                                 | 123/         | 1 22      | . DATE SIGNED                  |
|               | EXAMINER'S   | 0  |  |                             |                 | DEPUTY MEDICA                          | L EXAMIN     | IER X                                     | 201          | 66        |                                |
|               | NAME (Type)  | John G. Ba   | 11   |                             |                 | Address (Street                        | , city, tow  | n, or county)                             |              |           |                                |
| 23            | o. BURIAL, CREMATIC                                  | N, 23b. DATE THE                                   | REOF   | 23c. NAME OF CEMET          | ERY OR C        | REMATORY                               | 23d.         | LOCATION (City or To                      | wn)          | (County)  | (Stote)                        |
|               | BEMOVAL (Specify                                     | 2/26/6   | 6  | Parklawn                    |                 |  | Ros          | ckville, M                                | id.          |           |                                |
| 2             | Tyson Whe  | eler Funera  | 1 Home   | 1331 Rocks                  | vill            | e Pike Pike                            | By REGI      | STRAR 25b. RE                             | GISTRAR'S S  |           | 120                            |
|               |  |  |  | Rockville,                  | Md.             | DATE                                   | 80           | 1000                                      | iarle        | Jus       | 7                              |



13

and completely filled in by the funeral gnote carbon papers. Pages A and 2 and 2 and 2 and 2 and 2 and 2 and 3 and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and fire

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02596 CERTIFICATE OF DEATH

| Burial 2/8/66 Arlington National Arlington Va.  24. FUNERAL DIRECTOR ADDRESS DATE OF THE PROPERTY OF THE PROPERTY SIGNATURE  |             | ひんしつづき           | 3   |          | CERTIFIC                    | AIL     | OF DEATH                   |             |                  |                 | 356      |                           |
|--|-------------|------------------|---|----------|-----------------------------|---------|----------------------------|-------------|------------------|-----------------|----------|---------------------------|
| MONTEGENETY    MARY LAND   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town on A state of the STATE of CREATE ON A STATE OR CREATE OR  | 1.          | PLACE DE DEAT    | Н   |          |                             | II      |                            | E (Where    |                  |                 | esidence | before admission)         |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  With RURAL and give nearest town)  Bethe sda  d. NAME of ROSPITAL OR INSTITUTION (if not in hospital, give street address)  9.4 days  C. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address)  J. S. NAVal Hospital Bethesda Md.  S. NAME OF COLOR OR RASE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   SEATH   DATE   NOTICE    D. Date   Wilder   New Marked   New Month   Day Year   DEATH   Notice   New Marked   New Month   Day Year   DEATH   DAY   DEATH   DAY   DAY  |             |                  | v   |          | MADVIA                      |         | a. STATE                   |             | b. C             | OUNTY           |          |                           |
| Dethe sade  d. NAME OF ROSPITALO RINSTITUTION (If not in hospital, give street address)  U.S. Naval Hospital Bethesda Md.  S20 West Hill Ave.  18 CAUSE  CRUCK OR ARACE  OND OF PIRIT  Donald  Willard  Ringgenberg  SEX  C. COLOR OR RACE  CRUC  WILDOWED  Donald  Willard  Ringgenberg  S. DATE OF BIRTH   |             | h CITY OF TON    | IN /if outclde corporate lim                                    | its,     |                             |         |                            | outside     | corporate limits | write RURAL     | and give | nearest town)             |
| C. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   C. STREET ADDRESS   On STREET ADDRESS   | -           | Write RURAL      | and give nearest town)  | 207      |                             |         |                            |             |                  | 20              | 5        | ,                         |
| U.S. Naval Hospital Bethesda Md.    S20 West Hill Ave.   Yes   Yes   Yes   Donald   Willard   Bringenberg   Donald   Willard   Bringenberg   Death   Permission   Donald   Willard   Bringenberg   Death   Permission   Donald   Willard   Bringenberg   Death   Permission   Death   Permission   Donald   Willard   Bringenberg   Death   Permission   Death   Permission   Death   Permission   Death   Permission   Death   Permission   Death   Permission   Death   Deat | D           |                  | SPITAL OF INSTITUTION OF  | not in h | 1 94 days                   |         |                            |             |                  | 17              | - 9      | 10 DECIDENCE              |
| 3. NAME OF DECEASE (1990 or print) DONALD WILLIARD RINGS POPER (1990 or print) DONALD WILLIARD RINGS WILLIARD RINGS WILLIARD RINGS R |             |                  |   |          |                             | ress)   | U. SIKEEI ADDRESS          |             |                  |                 | θ.       |                           |
| Donald   Willard   Ringgenberg   Donald   Ringgenberg   Donald   Willard   Ringgenberg   Donald   Willard   Ringgenberg   Donald   Ringgenberg   Donal   |             |                  | 1 Hospital Be   | thes     | da Md.                      |         | 520 West H                 | Hill        | Ave.             |                 | YI       | ES NO V                   |
| Councy   C   |             |                  | First   |          | Middle                      |         | Last                       |             | TE M             | onth            | Day      | Year                      |
| S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIEO   S. DATE OF BIRTH   9. AGE (fig years) IT UNDER 24 HRS. Last birthold   Months on year   Month of the state of birth   10.0 LVINO. OF BUSINESS OR   10.0 LVINO. O   |             |                  | Donald  |          | Willard                     | Rin     | ggenherg                   |             | ATH Tehm         | 4               |          | 19 66                     |
| Maje Cauc Widoward Divorced 28 August 1917 48 yrs. 50 th 6 or Min.  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  100. ISSAL OCCUPATION (Give kind of working if is, even if retired)  11. ISBRT PLACE (County & State, or foreign country)  12. IAWAS ALIDEN NAME  12. CAUSE GO FEATH (Enter only one cause per line for (a), (b), and (c). 1  13. CAUSE OF FEATH (Enter only one cause per line for (a), (b), and (c). 1  13. CAUSE OF FEATH (Enter only one cause per line for (a), (b), and (c). 1  13. CAUSE OF FEATH (Enter only one cause per line for (a), (b), and (c). 1  14. MOTHER'S MAIDEN NAME  15. CAUSE OF FEATH (Fire only one cause per line for (a), (b), and (c). 1  15. CAUSE OF FEATH (Fire only one cause per line for (a), (b), and (c). 1  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF FEATH (Fire only one cause per line for (a), (b), and (c). 1  18. CAUSE OF FEATH (Fire only one cause per line for (a), (b), and (c). 1  19. Addenocarcinoma of the stomach  10. Cause of per line in the cause season of the stomach  10. Cause of per line in the cause season on the date stated above.  20. ACCIDENT WAS UNDERLYING 100 COURRED 100 COURE | 5.          | SEX              |   | ARRIED   |                             |         | DATE OF BIRTH              |             | O ACE /In vo     | ARE THE LINGED  | YEAR     |                           |
| 10. SUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10. KIND OF BUSINESS OR INDUSTRY   10. S. Navy   10. S. Navy   10. S. Navy   10. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECEASED BYRT IN U.S. ARRESPORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   5. Sugrams    | M           | ماه              |   |          |                             | 51      | OR Assert 1                | 017         |                  |                 | arth .   | Hours   Min.              |
| Industry   Arned Forces   Towa   U.S.A.     13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. MASSESSED FYRE HILL S. ARRESTOROES? (Yes, no, or unknown)   16. SOCIAL SECURITY NO.   17. INFORMANT   18. WAS DEASED FOR THE VOIL OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the stomach   18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).   | 10a.        | USUAL OCCUPAT    | ION (Give kind of work done                                     | 10b. K   | IND OF BUSINESS OR          |         |                            | -/-         |                  | 1 44            |          | F WHAT                    |
| 14. MOTHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   5.20 West Hill Ave.   18. MAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   5.20 West Hill Ave.   18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).1   PART I. DEATH WAS CAUSED BY.   18. CAUSE OF DEATH   18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOPSY PERFORMED TYPES.   19. WAS AUTOPSY PE   |             |                  | Ing life, even If retired)                                      | , 11     | NDUSTRY                     |         |                            |             |                  | CO              | UNTRY?   |                           |
| Elmer Ringgenberg  15. WAS DECEASED EVEN IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  28. WITT & KORPA  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSE OB Y: IMMEDIATE CAUSE (a)  OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS AUTOPSY PERFORMED?  YES, NO   20. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS AUTOPSY PERFORMED?  YES, NO   20. ACCIDENT WAS UNDERLYING COUNTRIBUTING COURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19. To 19. That (I) (we) last saw the deceased give on 19. And that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE ALL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  ADDRESS 125s. REFO BY REGISTRAR'S SIGNATURE   |             |                  | IF.   | AL III   | led Forces                  | -       |                            | CAL ALABATE |                  |                 | U        | 5.A.                      |
| Ves   WW TT & Korea   546 40 4094   Florence Ringgenberg Knoxville Tenn.   | 20.         | TATILLE S MAIN   |   |          |                             |         | 14. MICHER'S MAID          | EN MANIE    |                  |                 |          |                           |
| Ves   WW TT & Korea   546 40 4094   Florence Ringgenberg Knoxville Tenn.   | E           | lmer Rin         | ggenberg  |          |                             |         |                            | t           |                  |                 |          |                           |
| No.    | 15.<br>(Yes | , no, or unkown) | EVER IN U.S. ARMEO FORCES<br>(If yes give war or dates of servi | ? 16.    | SOCIAL SECURITY NO.         | 17. I   | NFDRMANT                   |             | 520              | West F          | Hill     | Ave.                      |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSE (a)  OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONG (IVEN IN PART II.)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONG (IVEN IN PART II.)  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  CONTRIBUTING OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. p.m. 19   While Not While at work   19   And that death occurred at   M, from the causes and on the date stated above.  22a. SIGNATURE  22b. OATE SIGNED  22c. PHYSICIAN'S NAME (Type)  L. Brettschneider IT MC USN U.S. Naval Hospital Bethesda Md.  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR)  24a. FURENAL DRECTOR  ONSET AND OREST  ONSET AND OREST ONSET A |             |                  |   | 1        | 46 40 4004                  | म       | lorence Rin                | ogen        |                  |                 |          |                           |
| MAREOIATE CAUSE (a)   Adenocarcinoma of the stomach   OUE TO   | 1           |                  |   |          | Ine for (a), (b), and (c).] |         |                            | 6544        |                  |                 | INTER    | VAL BETWEEN               |
| OUE TO Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED at work factory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED at work factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 , and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE 22a. SIGNATURE 22d. AOORESS NAME (Type)  1. Brettschneider LT MC USN U.S. Naval Hospital Bethesda Md.  22a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  22b. OATE SIGNATURE 22d. AOORESS REGISTRAR 25b. REGISTRAR'S SIGNATURE  |             | PART I. DI       |   | ۸        |                             |         | ماله دیده است              |             |                  | - free          | ONSE     | T AND OEATH               |
| Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING TO AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRIBUTION COUNTRIBUT |             | 1511             |   | Age      | 40(CS)4CJ)4(O)IIS           | OI.     | the stomach                | 1           |                  |                 |          |                           |
| gave rise to immediate cause (a), stating the underlying cause last.  (c)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING   |             | Conditions If    |   |          |                             |         |                            |             |                  |                 |          |                           |
| Cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   (County)   (State)    21. I certify that (i) (this hospital) attended the deceased from   19  |             |                  | Immediate (D)_  |          |                             |         |                            |             |                  |                 |          |                           |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES, NO   20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.)  20e. PLACE OF INJURY (Home, farm, Part II of Item 18.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  22a. SIGNATURE  22b. OATE SIGNED  22c. PHYSICIAN'S NAME (Type)  1. Brettschneider LT MC USN U.S. Naval Hospital Bethesda Md.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  24. FUNERAL DIRECTOR  25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |             | cause (a), s     | tating the DUE TD   |          |                             |         |                            |             |                  |                 |          |                           |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 , and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23a. FUNERAL DIRECTOR  20f. (City or town) (County) (State)  20f. (City or town) (County) (State)  20f. (City or town) (County) (State)  | z -         |                  | / (0)   |          |                             |         |                            |             |                  |                 |          |                           |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 , and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  24. FUNERAL DIRECTOR  20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  20f. (City or town) (County) (State)   | 티           | PART II. OTHER S | SIGNIFICANT CONDITIONS C  | JNTRIBU  | ITING TO DEATH BUT NOT      | RELAT   | EO TO THE TERMINAL O       | IS EASE C   | ONDITIONGIVE     | IN PART 1(a)    | 19.      | WAS AUTOPSY<br>PERFORMED? |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 , and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23a. FUNERAL DIRECTOR  20f. (City or town) (County) (State)  20f. (City or town) (County) (State)  20f. (City or town) (County) (State)  | 5           |                  |   |          |                             |         |                            |             |                  |                 |          |                           |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 , and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  24. FUNERAL DIRECTOR  20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  20f. (City or town) (County) (State)   | E           | 20a. ACCIDENT    | WAS UNDERLYING  | 20b. [   | ESCRIBE HOW INJURY          | OCCUR   | RED. (Enter nature of      | injury in   | Part I or Part   | II of Item 18.) | ,        | -                         |
| 21. I certify that (I) (this hospital) attended the deceased from  | CE          | (IF EITHER, NO   | TIFY MEDICAL EXAMINER)  |          |                             |         |                            |             |                  |                 |          |                           |
| 21. I certify that (I) (this hospital) attended the deceased from  | CAL         | 20c. TIME OF     | INJURY Month, Day, Year   | 20d. II  |                             | . PLACI | OF INJURY (Home, far       | rm, 201     | . (City or town  | ) (Cour         | nty)     | (State)                   |
| 21. I certify that (I) (this hospital) attended the deceased from  |             |                  |   |          | LINDE MILLIA                | factory | , street, office bldg., et | (c.)        |                  |                 |          |                           |
| saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated above.  22a. SIGNATURE  22b. OATE SIGNED  22c. PHYSICIAN'S NAME (Type)  L. Brettschneider LT MC USN  23d. AOORESS  BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  19, and that death occurred at M, from the causes and on the date stated above.  ATTENDING MED. PHYS.  22d. AOORESS  22d. AOORESS  U.S. Naval Hospital Bethesda Md.  23d. LOCATION (City, town or county) (State)  Arlington, Va.  24. FUNERAL DIRECTOR  APPRISON NATIONAL (Specify)  APPRISON NATIONAL (Specify) PHYS.  25d. REGISTRAR'S SIGNATURE  | Σ -         |                  |   |          |                             |         |                            |             |                  |                 |          |                           |
| 22a. SIGNATURE    M.D.   ATTENDING   MED.   STAFF   5 February 1966  |             |                  |   | attende  |                             |         |                            |             |                  |                 |          |                           |
| 22c. PHYSICIAN'S NAME (Type)  1. Brettschneider LT MC USN  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  M.D. ATTENOING MED. OIRECTOR STAFF DIVISION STAFF D |             |                  |   |          | 19, and                     | that    | death occurred at          | M,          | from the caus    |                 |          |                           |
| 22c. PHYSICIAN'S NAME (Type)  L. Brettschneider LT MC USN  22d. AOORESS  U.S. Naval Hospital Bethesda Md.  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  M.D. PHYS.  22d. AOORESS  U.S. Naval Hospital Bethesda Md.  23d. LOCATION (City, town or county) (State)  Arlington, Va.  ADDRESS  ADDRESS  APPLIANCE OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Arlington, Va.  ADDRESS  ADDRESS  APPLIANCE OF CEMETERY OR CREMATORY 25d. REGISTRARY 25d. REGISTRARY SIGNATURE  |             | 22a. SIGNATUI    |   | -        | 7                           |         | ATTENDING /N               | AFD.        | STAFF            |                 |          |                           |
| NAME (Type)  L. Brettschneider LT MC USN  U.S. Naval Hospital Bethesda Md.  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  2/8/66  Arlington National Arlington, Va.  ADDRESS  ADDRESS  ADDRESS  ADDRESS  APPROVAL (Specify)  Burial 2/8/66  Arlington National Arlington, Va.  ADDRESS  APPROVAL (Specify)  Burial 2/8/66  Arlington National Arlington, Va.  | 1           | 26               |   | ELEX     | ER                          | M.D.    | PHYS.                      | DIRECTOR    | PHYS.            | 1 7 200         | i da     | . 3 1,000                 |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 2/8/66 Arlington National Arlington, Va.  24. FUNERAL DIRECTOR 25a. REGIONATURE   |             |                  | uma\  |          | 3 TM NO 110                 | YAT     |                            | **          |                  | 1 3 7           | 367      |                           |
| Burial 2/8/66 Arlington National Arlington Va.  24. FUNERAL DIRECTOR ADDRESS PAGE 1255. REGISTRAR 256. REGISTRAR'S SIGNATURE   |             |                  | L. Brettsc  |          | der LI MC US                | OT/     | U.S. Naval                 | . Hos       | pital Be         | tnesda          | Md.      |                           |
| Burial 2/8/66   Arlington National Arlington, Va.  24. FUNERAL DIRECTOR   25a. REGISTRAR   25b. REGISTRAR'S SIGNATURE  | 23a.        | BURIAL, CREM     | MATION, 23b. DATE THER  | OF       | 23c. NAME OF CEME           | ETERY ( | OR CREMATORY               | 23d.        | LOCATION (City   | , town or cou   | nty)     | (State)                   |
| 24. FUNERAL DIRECTOR ADDRESS 258 REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |             | Burial           | 2/8/66  |          | Arlington                   | n N     | ational                    |             |                  |                 |          |                           |
| Robert A. Pumphrey Bethesda, Md. 1966 Minutes Judge  |             | FUNERAL DIRE     |   |          |                             |         | 200                        | O BY RE     | GISTRAR 25b.     |                 | 40       |                           |
|  |             | Rober            | t A. Pumphr   | ey       | Bethesda,                   | Md      | DATEEB                     | 14          | 1966             | Charle          | y Ju     | del                       |

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and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and arrany event, within 72 hours 1/20/ NOTIFIED PROVE EXAMINER かっして MFDICAL AND

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12597
CERTIFICATE OF DEATH

|               | 0400  | 041111110111                | - 01/1111  | - 1/4                          | 111/2                               |
|---------------|---|-----------------------------|--|--------------------------------|-------------------------------------|
| 1.            | PLACE OF DEATH a. COUNTY  |                             | 2. USUAL RESIDENCE (Where de                                   |                                |                                     |
| 70            | MONTGOMERY  | MARYLAND                    | a. STATE   | b. COUNTY 65                   | 890.1                               |
|               | b. CITY OR TOWN (if outside corporate limits.                       | c. LENGTH OF STAY IN 1b     | c. CITY OR TOWN (If outside co                                 | rporate limits, write RURAL    | and give nearest town)              |
| 1             | Write RURAL and give nearest town)                                  | 1                           | n-11.  |                                | 11 9                                |
| _             | d. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN 10                    | cnital give street address) | d. STREET ADDRESS  |                                | e. IS RESIDENCE                     |
|               | 1 1   | 15000                       | d. SIREET ADDRESS  | ,                              | ON A FARM?                          |
| _             | HOLF CROSS H  | -OSPITAL                    | 1912 101   | St.                            | YES NO N                            |
| 3.            | NAME DF First DECEASED  | Middle                      | Last 4. DATE   | Month                          | Day Year                            |
|               | (Type or print) JAMIL   |                             | CITIER DEAT  | 1010                           | 20 1966                             |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIED                                     | NEVER MARRIED 🔽             | 8. DATE OF BIRTH   | . AGE (In years   IFUNDER      |                                     |
|               | WIDOWED F   | DIVORCED                    | NOV 15, 1965   | last birthday) Months          | Days Hours Min.                     |
| 10a           | . USUAL OCCUPATION (Give kind of work done 10b. KI                  | ND OF BUSINESS OR           | 11. BIRT HPLACE (County & State                                | e, or foreign country)   12. C | TIZEN OF WHAT                       |
| dur           | ing most of working life, even if retired) INI                      | DUSTRY                      | me   | CC                             | OUNTRY?                             |
| 13.           | FATHER'S NAME   |                             | 14. MOTHER'S MAIDEN NAME                                       |                                | 4.0.                                |
|               | 11. 1   | TTFP                        | 1/0  | 1 R11-0                        | 0                                   |
| 15            | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S                     | SOCIAL SECURITY NO.   17.   | INFORMANT  | Address                        |                                     |
|               | s, no, or unkown) (If yes give war or dates of service)             | OCIAL SECONTITIO. 17.       | 1 11   | Address                        | 111 - 2)                            |
|               |   |                             | From Child   | 's Chart                       | POSY-)                              |
|               | 18. CAUSE DF DEATH [Enter only one cause per lin                    |                             |  |                                | INTERVAL BETWEEN<br>ONSET AND DEATH |
|               | PART I. DEATH WAS CAUSED BY:  | nterstitial pr              | neumonitis (clini  | cal)                           | ONGE: AND DEATH                     |
|               | 5 2.5 X OUE TO  |                             |  |                                |                                     |
|               | Conditions, If any, which ) (b)                                     |                             |  |                                |                                     |
|               | gave rise to immediate (  |                             |  |                                |                                     |
|               | cause (a), stating the  |                             |  |                                |                                     |
| N             | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT                     | ING TO DEATH BUT NOT BELL   | TED TO THE TERMINAL DISEASE COL                                | NOTION GIVEN IN PART 1/a)      | 119. WAS AUTOPSY                    |
| CERTIFICATION |   | THE PERMIT                  | TED TO THE FERMINAL DIOLAGE GO                                 | ioritoitatteitiiti Aitt X(e)   | PERFORMED?                          |
| FIG           | 20a. ACCIDENT WAS UNDERLYING   20b. DE                              | FEODIBE HOW INHIBY COOL     | IDDED (Fater active of labor in F                              | and I as Dark II of Itam 10    | YES NO                              |
| ERT           | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ESCRIBE NOW INJURY OCCU     | JRRED. (Enter nature of injury in F                            | art i or Part II of item 18.   | )                                   |
|               |   |                             |  |                                |                                     |
| MEDICAL       | Hann a  | facto                       | CE OF INJURY (Home, farm, 20f. ry, street, office bldg., etc.) | (City or town) (Cou            | nty) (State)                        |
| MED           | p.m. 19 While at work   | Not While at work           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        |                                |                                     |
|               | 21. I certify that ((i)) (this hospital) attended                   | d the deceased from A       | 10 V 17 1965 to  | PEB >0 , 196                   | (i) (we) last                       |
|               | saw the deceased alive on FEB 2                                     |                             | death occurred at 12 M, fi                                     |                                |                                     |
|               | 22a. SIGNATURE  | and the                     |  |                                | ATE SIGNED                          |
|               | 111/1/01/01/  | wan M.                      | ATTENDING MED.   | STAFF   'Z/:                   | 2/16                                |
|               | 22c. PHYSICIAN'S ALL ON O   | Wi.U                        | 22d. ADDRESS   | - FILES                        | 0/40                                |
| Ιi            | NAME (Type) MCCATN 15 . C   | OLE MANN                    | N/605N. PORTAL   | DR. NW. U                      | MASH DC                             |
| 23a           | . BURIAL, CREMATION, 23b. DATE THEREOF                              | 23c. NAME OF CEMETERY       | Z   C =  | OCATION (City, town or cou     | inty) (State)                       |
| 230           | REMOVAL (Specify)   | 1                           | ·  |                                | 1/ 0                                |
| 2/            | FUNERAL DIRECTOR  | NATIONAL ME<br>ADDRESS      | YORIAL PIRKY TILL<br>25a. REC'D BY REG                         | ISTRAR   25b. REGISTRAR        | S SIGNATURE                         |
|               | 1 1 1 7   | MUUNESS                     | EED OF   | and and                        | A40.                                |
| Y             | wellsouthenerolfond 4   | 1217-92/1                   | XM. 4 DATE D 20  | 1969 Juliane                   |                                     |
| 5             | -170606   |                             |  |                                |                                     |

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Control of Section 1 to 100 to

Items 18&21 Film G376 5/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DER 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY PM3. Page delay is and 3 ta at of death. Montgomery
CITY OR TOWN (If outside corporate limits,
write RURAL ond give neorest town) MARYLAND District of Columbia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Department c. LENGTH OF STAY IN 16 after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) hours Washington d. STREET ADDRESS e. IS RESIDENCE hours Give Pages 1, ON A FARM? Holy Cross Hospital ate YES NO Emerson St. NAME OF First Middle DATE Lost DECEASED Michael within (Type or print) Rivers DEATH February alang after S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER TYEAR 7. MARRIED NEVER MARRIED \* 00 lost birthday) Months Hours WIDOWED DIVORCED 11/17/65 haufs Negro event tem 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Washington D.C any .= USA Examiner 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME executed within \_ Joe Louis Rivers Bernardine Johnson pup .⊑ WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) remaval. pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute bronchopneumonia, bilateral OL IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO 0 stoting the underlying couse farwarded 90 last. burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION NO pe p 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior 3 should PRIMARY Or CONTRIBUTING shauld **EXAMINER:** CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page Page ot work ot work its designated 21. I certify that L took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion the funeral director. Natural couses death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE 10 **EXAMINER'S** Address (Street, city, town, or county) May Health NAME (Type) 23b. DATE THEREOF BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) 3-3-1966 Arlington National Cem. Arlington, Virginia 24. FUNERAL DIRECTOR St.C. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Washington Funeral Chapel

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AND SERVICE SERVICE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DE Pages 1 and 2 N hours after death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY after CITY OR TOWN (If bytylde corporate limits) write RURAL and give nearest town) WTWIRNO MONTGOMERY MARYLAND c. CITY OR TOWN (If oviside corporate limits, write RURAL and plue nearest town b. CITY OR c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours 51 E a woh completely filled in 12 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS ON A FARM? 24 oude Gardens NO R VanileRIUA YES be executed within NAME OF 3. DATE Middle Last Month Day Year 4. DECEASED 0F (Type or print) DEATH 100 E De 19 10 SEX please remove I, and in any eve 5. 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IFUNOER 1 YEAR | IFUNOER 24 HRS. 9, 7. MARRIEO NEVER MARRIED last hirthday) Months Days Hours and 879 WIOOWED D OIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INOUSTRY COUNTRY? Jeanstre 5 A that the death certificate 13. FATHER'S NAME MOTHER'S MALDEN NAME attending ph ermit. Then removal HOMA 5 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address been signed by the atten the burial-transit permit. or to burial, cremation, or i DUDE (Yes, no, or unknwn) | (If yes give war or dates of service) 325 WHA NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **TO HOSPITAL OR ATTENDING PHYSICIAN.** The law requi**n**es that ti Page 4 may be retained by the hospital or attending physician. mo IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) rise to immediate TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to **OUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMEO? YES 20a. ACCIOENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. 1966 21. I certify that (I) (this hospital) attended the deceased from (I) (we) last and that death occurred at 725 AM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a/ ATTENDING STAFF M.D. PHYS. **OIRECTOR** PHYS. HOSPITAL **AOORESS** PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. DATE THEREO REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADORESS 25a REC'O BY REGISTRAR 25b. 57

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ARREST TO A STATE OF THE PARTY MATERIAL STREET assigned in the contract of th -

MARYLAND STATE DEPARTMENT OF HEALTH

AS CTATICTICAL DECEADOR AND DECODDS 201 W DECTON STREET DAITIMORE MADVIAND 21201

|                 | 02600                                   | 9  |                    | CERTII                     | FICATE        | OF DEATH  |                     |   |                    | 023                  | 566                           |                    |
|-----------------|---|--|--------------------|----------------------------|---------------|---|---------------------|---|--------------------|----------------------|-------------------------------|--------------------|
|                 | PLACE OF DEATH o. COUNTY                | Montgomery   |                    |                            | YLAND         |   | yland               | b. COUI                                       | NTY                | 0.                   | wid                           | an) V              |
|                 | write RURAL and                         | If outside corporate limits,<br>d give necrest town)<br>thesda (Rura   | ,                  | LENGTH OF STAY             |               | c. CITY OR TOWN (If a                                     | utside carp         | orote limits, write KUI                       | KAL ond giv        | e neores             | - 2                           |                    |
|                 |   | AL OR INSTITUTION (If not in<br>Naval Hospit                           |                    | street address)            |               | d. STREET ADDRESS Route 2,                                | Box                 | 18  |                    |                      | e. IS RESII<br>ON A F.<br>YES |                    |
|                 | NAME OF<br>DECEASED<br>(Type ar print)  | First<br>Russe   |                    | Middle<br>Francis          | RO            | Lost<br>EDERER  | 4. DAT              | E Mant  |                    | Doy<br>14            | Ye                            | or<br>66           |
| S.              | male                                    |  | MARRIED X          | NEVER MARRIE<br>DIVORCE    |               | DATE OF BIRTH   |                     | 9. AGE (In years<br>last birthdoy)<br>49 yrs. | 1F UNDER<br>Months | 1 YEAR<br>Days       | Haurs                         | Min.               |
| 10a<br>dur      | ing mast af working                     | (Give kind af wark dane<br>life, even if retired)<br>Navy              | 10b. KIND O        | BUSINESS OR                | et.           | 11. BIRTHPLACE (County Wilton J                           | & State, ai         |   |                    | ITIZEN OF<br>DUNTRY? |                               | S.A.               |
| 13.             | John                                    | Roederer   |                    |                            |               | 14. MOTHER'S MAIDEN Eliza                                 |                     | Klasser                                       | 41.61              | . 10                 |                               |                    |
| 15.<br>(Ye      | WAS DECEASED EVE<br>es, no, or unknown) | R IN U.S. ARMED FORCES?<br>(If yes give wor ar dates of se             | 16. SOCIA<br>554 2 | al security no.<br>26 4508 | 17. II<br>Mrs | Margaret  | Roed                |   | te 2,              | 1/2                  |                               |                    |
|                 |   | EATH (Enter only one cause<br>TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o) | Cardia             | (b), and (c).)<br>ac Arres | st            |   |                     |   | ozu,               | (141)                | ERVAL BET<br>SET AND D        | WEEN<br>DEATH      |
|                 | Conditions, if any, rise to immediat    | le couse (a)   |                    |                            |               | isphere inf<br>thrombosis                                 |                     | lon with                                      |                    |                      |                               |                    |
|                 | stating the unde                        | rlying cause DUE 10  | Cereb              | ral arte                   | erioso        | elerosis an   | d art               |   |                    |                      |                               |                    |
| CATION          | PART II. OTHER SI                       | GNIFICANT CONDITIONS CONT  | TRIBUTING TO DE    | EATH BUT NOT RE            | LATED TO TH   | te terminal disease co                                    | NDITION G           | IVEN IN PART 1(o)                             | sear               |                      | WAS AUTO<br>PERFORM<br>ES     | OPSY<br>ED?<br>NO  |
| L CERTIFICATION |   | S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)                        | 205. DESCRIB       | BE HOW INJURY O            | OCCURRED. (I  | Enter nature of injury in                                 | Part I ar F         | Part II of item 1B.)                          |                    |                      |                               |                    |
| MEDICAL         | 20c. TIME OF INJU<br>Hour o.r<br>p.r    | URY Manth, Day, Yeor<br>m. 19  | While at work      | Nat While of work          |               | E OF INJURY (Home, farr<br>ry, street, affice bldg., etc. |                     | . (City or town)                              | (Co                | ounty)               | (                             | (Stote)            |
|                 |   | fy that≭l) (this hospit<br>eceosed alive on_Fe                         |                    | the deceosed               | fromcand that | Jan. 18 ,<br>death occurred of                            | 19 <u>66</u><br>555 | to Feb.14<br>M, from couses                   | ond an             | the dat              | e stated                      | we) las<br>l obove |
|                 | 22a. SIGNATURE                          | Jaystin  | lluf               | 1                          | M.D           | 1 111 31  | MED.<br>DIRECTOR    | STAFF PHYS.                                   |                    | ATE SIGN             | ED                            |                    |
|                 | 22c. PHYSICIAN'S<br>NAME (Type          | Jay H. M   | iller,             | Jr.                        |               | U. S. Na  | val I               | Hospital,                                     | Bethe              | esda                 | , Md                          |                    |
| 230             | BURIAL, CREMATIC<br>REMOVAL (Specify    |  |                    | Arlingto                   |               |   |                     | LOCATION (City or To                          | wn)                | (County)             | Va.                           | tote)              |

St.Annapol

Md .

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove-carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in all when within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

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FUNERAL DIRECTOR

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Arlington National Home or 49 oucester

Arlington

(Stote) Va.

2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12565

| 0.0003   |   |                               |
|--|---|-------------------------------|
| PLACE OF DEATH     a. COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, ff Institution: Re a. STATE b. COUNTY     | sidence before admission)     |
| Mant namanus   |   | lent City                     |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURAL a                         | and give nearest town)        |
| write RURAL and give nearest town)   | C. OILL ON TOTAL (II Outside Corporate marts, with Notice                           | . /                           |
| Bethesda 39 days   | Baltimore   | 30-4                          |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS   | 0. IS RESIDENCE<br>ON A FARM? |
| The Clinical Center, Bethesda, Md. 20014   | 41 East Fort Avenue   | YES NO X                      |
| 3. NAME DF First Middle  | Last 4. DATE Month  | Day Year                      |
| (Type or print) Ronald Jerry   | Ross DEATH February   | 5 19 66                       |
|  | 8 DATE OF BIRTH 9. AGE (In years LIFUNDER)  | YEAR IFUNDER 24 HRS.          |
|  | 30 June 1945   last birthday   Months   20 yrs.                                     | Days Hours Min.               |
| 10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR   | 11. BIRTHPLACE (County & State, or foreign country)   12. CI                        | TIZEN OF WHAT                 |
| during most of working life, even if retired) INDUSTRY   | ÇO  | UNTRY?                        |
| Mechanic Unascertainable   |   | S.A.                          |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  | 1.01                          |
| Robert P. Ross 15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | Pauline Middleton   |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)  | INFORMANThe Medical Recordings  |                               |
| (163, 110, or withoutly (11 )cs give war or dates or service)  | Clinical Center, Bethesda, Md.  | 20014                         |
| 1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  | Variation Converge Device Budg Au   | INTERVAL BETWEEN              |
|  | W C   | ONSET AND DEATH               |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compression Inferi  | or vena Cava  | _ 3 montas                    |
| 201X DUE TO  |   |                               |
| Conditions, If any, which (b) Hodgkin's Disease  |   | 10 months                     |
| gave rise to immediate ( cause (a), stating the DUE TO   |   |                               |
| underlying cause last. (c)   |   |                               |
|  | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)                           | 19. WAS AUTOPSY               |
| A A A A  |   | PERFORMED?                    |
| Cachexia, progressive 10 months  | URRED. (Enter nature of Injury in Part I or Part II of Item 18.)                    | Ideals Income                 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT OF CACHESIA. PROGRESSIVE 10 months  20a. ACCIDENT WAS UNDERLYING 10 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 12 20d. INJURY OCCURRED 12 20e. PLA factor 19 months 19 at work 19 at wor | OUNTED FERTER HOUSE OF HISTORY IN LOCAL SOLL LOCAL TOPICS TO                        |                               |
| G (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   | 12 (01-12)                    |
| 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   | CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.) | nty) (State)                  |
| Hour a.m.  p.m.  19 While Not While at work at work  |   |                               |
| 21. I certify that M (this hospital) attended the deceased from De   | cember 28 1966 to February 5 1966   | that XX (we) last             |
| saw the deceased alive on February 5 19 66, and that   | t death occurred at 7:15M, from the causes and on th                                | e date stated above.          |
| 22a. SIGNATURE   |   | ATE SIGNED                    |
| 11/1/ 10 /2011-  | D. ATTENDING MED. STAFF K 5 Fe  | bruary 1966                   |
| 22c. PHYSICIAN'S M.E   | D. PHYS. DIRECTOR PHYS. A PER 22d. ADDRESS The Clinical Center,                     | National                      |
| NAME (Type) Robert C. Gallo, M.D.  | Institutes of Health, Bethese   |                               |
|  |   |                               |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)  | Y OR CREMATORY 23d. LOCATION (City, town or cou                                     | nty) (State)                  |
| Burial 2/8/66 Green Hill   | Churchyille Vi  | rgin ia                       |
| 24. FUNERAL DIRECTOR ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S  | S STGNATURE                   |
| Bear Funeral Home, Churchville, Va.  | DATE B 9 1966 Pelianle  | Juda"                         |
|  |   | 100                           |

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| ptio destangenti                     | - Instytali   |                |               | incognition. |
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|                                      | one later   | E 65           |               | absenien     |
| outer                                | LI ROLLEY   | Month and case | Conter, Meshe |              |
| de grante                            | Rose  | Till.          | Romald        |              |
|                                      | L. Carris, Cr.                                      |                | er de sthil   | Male         |
|                                      | inim  | dereinerei     | and           | plandons     |
| non<br>Record<br>Settense, We. 2001A | The Medical The Medical The Medical Medical Comber. |                |               |              |
|                                      | Egr Yena Care                                       |                |               |              |
|                                      |   |                |               |              |
| N. A.                                |   | 10 11011       |               | e il terrori |
|                                      |   |                |               |              |

Tremon J. 7. 7. SO F C TANTOOT A TO SEE THE n Tra Clinical Councy, according

Money C. Calty M.L. Institutes of Honlin, archemon, Md. 250

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Fire pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transIt permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12567

|   | 13 /10/ 4 3 1 1 /2   |
|---|--|
| 1. PLACE OF DEATH a. COUNTY  Montgomery  MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Maryland Montgomery |
|   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| Write RURAL and give nearest town)  |  |
| Takoma Park 36 days   | Takoma Park 15-1   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  | d. STREET ADDRESS e. IS RESIDENCE  |
| Washington Sanitarium & Hospital  | 7001 Westmoreland Avenue ON A FARM? YES NO NO  |
| 3. NAME OF First Middle   | Last 4. DATE Month Day Year  |
| DECEASED (Type or print) Lela May   | Russell DEATH February 16, 1966  |
| E AFY LO COLOR OR PLOS !  | DATE OF DIDTH  |
| fomele white  | last hirthday)   |
| WIDOWED X DIVORCED  | 5-30-88 77 yrs. Months Days Hours Min.   |
| 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY  | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT  |
| Housewife Housewife   | Indiana COUNTRY? U.S.A.  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
|   |  |
| Henry B. Worster  | Margaret Brillhart   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   | INFORMANT Address  |
| (Yes, no, or unkown) (If yes give war or dates of service)  | Hospital records   |
|   | ds   |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. DEATH WAS CAUSED BY: Massive pulmons  | ary embolism secondary to  |
| 9010  |  |
| DOE 10  |  |
| Conditions, If any, which gave rise to immediate (b) fall and fracti  | are of vertebral body.(L-1)  |
| cause (a), stating the DUE TO   |  |
| underlying cause last. (c)  |  |
|   | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY   |
|   | PERFORMED?   |
| Metastatic adeno-carcinoma of uteru   |  |
| 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU   | RRED. (Enter nature of injury in Part   or Part    of Item 18.)  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  Metastatic adeno-carcinoma of uteru  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Deceased fell wh  CAUSE OF DEATH.  20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI  Hour a.m. 9:30 3.6. 1/11 19 66 While at work at work 1 | nile attempting to open a door at home.  |
| 2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLAI   | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)   |
| Hour a.m. factor  | ry, street, office bldg., etc.)  |
| 9:30 3.4. 1/11 19 66 While Not While at work  | Home Takoma Pk. Montg. Md.   |
| 21. I certify that I took charge of the remains described above, hel  | d an Autopsy XI. Inspection X. Inquiry XI. and in my opinion   |
|   | cide . Homicide . Undetermined manner  |
| Hatulal Gauses   Accident   Sul   |  |
| ACTUAL RELIGION ( 1601  | CHIEF MEDICAL EXAMINER 22. DATE SIGNED   |
| SIGNATURE SIGNATURE   | M.D. ASSISTANT MEDICAL EXAMINER  |
|   | CDEPUTY MEDICAL EXAMINER X 7 19 19/1   |
| NAME (Type) BELDEN K. NEAR MID  | Address (street, city, town, or county)  |
| 23a. BURIAL, CREMATION, 23b. DAJE THEREOF   23c. NAME OF CEMETERY   |  |
| REMOVAL (Specyfy) X 1/21 1911 M = 00 man C  |  |
| Pour I  |  |
| 24. FUNERAL DIRECTOR ADDRESS  | 1 VI FFD 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| KKURUN NOLUIS 1254 CARROLI MAN. L   | DAFEEB 21 1966 Harles Judge.   |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)                                  |
|--|--|
| a. COUNTY  | a. STATE b. COUNTY   |
| MONTGOMERY MARYLAND  | montoomERY   |
| b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares fown)  |
| TAKOMA PARK Ydays  | 13844 ROCKIULLE 15-1   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   |  |
| WASK SANIT. HOSA   | 13814 DRAKE BRIVE YEED NOW   |
| 3. NAME OF First Middle  | Last 4. DATE Month Day Year  |
|  | MPSON SR. DEATH 2 23 1966  |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min. |
| M WIDOWED DIVORCED   | 12-8-00 last Dirthoay) Months Days Hours Min.  |
| 10a, USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR   | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT  |
| during most of working life, even if retired) agin NDUSTRY   | COUNTRY?   |
| 13. FATHER'S NAME  | 1 14. MOTHER'S MAIDEN NAME   |
|  | X 2 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2  |
| 110011   | DAISY BELLE /LIPPETOE  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (If yes give war, or dates of service)                              | INFORMANT B. Sampson, Ir Address 13814 Drake Dr.   |
| 1/5 None 718-10-572  | PRESIDENT DOCKWILL MI  |
| [ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | I INTERVAL BETWEEN   |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  RESPIRATO  | RY FAILURE ONSET AND DEATH 4 DAYS  |
| IMMEDIATE CAUSE (a) RESTIRATOR   | RY FAILURE 4 DAYS  |
| DUE TO AANGA TO OLIV   | Lambara Caleda   |
| Conditions, If any, which (b) AMYOTROPHIC  | LATERAL SCLEROSIS  |
| gave rise to immediate ( cause (a), stating the DUE TO   |  |
| underlying cause last. (c)   |  |
|  | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  |
| TAC  | PERFORMED?   |
| 202. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCC   | URRED. (Enter nature of injury in Part I or Part II of Item 18.)   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  202. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | orned. (enter nature of injury in rate i of rate ii of item 10.)   |
| ZDC. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PL  |  |
| Mulle — Not Mulle —  | ory, street, office bldg., etc.)   |
|  |  |
| 21. I certify that (I) (this hospital) attended the deceased from  | , 1963, to FEB, 23, 1966, that (1) (we) last   |
|  | t death occurred at $4^{60}$ M, from the causes and on the date stated above.  |
| 22a SIGNATURE  | 22b. DATE SIGNED   |
| Y (prull ( Xunnam 6. M.  | D. ATTENDING MED. STAFF PHYS. D 2-23-66  |
| 22c. PHYSICIAN'S   | 22d. ADDRESS, Jakoma Park, Maryland  |
| NAME (Type) Morrill C. Quinnain, Jr.   | Med. Bldg. University & Carroll Abe.   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER   | Y OR CREMATORY   23d. LOCATION (City, town or county) (State)  |
| Burial (Specify) 2-28-66 National Memory   | ial Park Cemetery Falls Church Viscinia  |
| 24. FUNERAL DIRECTOR O LA PARESS ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| Collen Clister 8434 Georgia A  | venue EER OF 1000 Mile 1. 8  |
| Warner E. Pumphrey, Inc. Silver Spring.  | Md. Date B 25 1966   Charles Judge   |

VR AI5 (4) 2DM I/65

Carlotte Commission Co Therefore a series in the series of the seri

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| D. CITY OR TOWN (If outside corporary limits, write RURAL and give necess flown)    C. ERNGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporary limits, write RURAL and give necess flown)   |  | N                 | 1)       | 02504   | CERTIFI                                   | CATE OF DEATH   | 02570/                             |
|--|--|-------------------|----------|---|---|---|------------------------------------|
| MARYLAND  MARYLA | s after death<br>the funeral<br>ages 1 and                 | Pug               |          |   |   | II CTATE - L COUNTY   |                                    |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)    A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  |  | s l c             |          | MONTGO  |   | AND MARYLAND  | PRINCE GEORGE                      |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)    A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  |  | age<br>s af       |          | <ul> <li>b. CITY OR TOWN (If outside corporate<br/>write RURAL and give nearest town</li> </ul> | limits, c. LENGTH OF STAY IN              | 1 /3  | ond give neorest town)             |
| Shame of December   Sham   | aur  | 9                 | -        |   |   |   | 16 - X                             |
| IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  II. EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  | within 24 ha   |                   |          | d. NAME OF HOSPITAL OR INSTITUTION  | (If not in nospitol, give street oddress) |   | UN A FARM?                         |
| IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  II. EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  |  |                   | 7        | HOLT CROSS  | HOSPITE Middle                            |   |                                    |
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| IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  II. EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  | xecu   | 1                 | 1        | YALE WHITE  | 423                                       | 1 APR-17-1892 755 irthdoy) yrs.                                   |                                    |
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| IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  II. EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  | ate  | and               |          | BOOKBIND  | ER U.S.6007                               |   | USA                                |
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| IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  II. EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  |  | The               | 3        |   |   |   |                                    |
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| IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  II. EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Doy, Yeor  Hour o.m.  p.m.  19  |  | an tian           | 3=       | 18. CAUSE OF DEATH (Enter only on   |   | 0,000   | MATERIAL DEPAREM                   |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b)  DUE TO  Stating the underlying cause (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF INJURY OF CURRED OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF INJURY (Home, form, foctory, street, office bldg., etc.)  20c. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  21. I certify that (I) (this haspital) attended the deceased from A G OR CONTRIBUTION OR |  | insit             | -        | PART 1. DEATH WAS CAUSED BY:  | 13  | PNENMANA  | 3 ONSET AND DEATH                  |
| Storing the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19 While of work of two while of work of two work of  |  |                   | 1        | 157X  |   |   |                                    |
| Storing the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19 While of work of two while of work of two work of  |  | uria              | 1/2      | rise to immediate cause (a),  |   | C CARCINGA PANCREAS   | 5 MICHINS                          |
| The part of the pa |  |                   |          | stoting the underlying couse  |   |   | AND THE REAL PROPERTY.             |
| The part of the pa | law<br>endi  | rior rior         | 1        | _   |   | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)          | 19. WAS AUTOPSY                    |
| OK CONTRIBUTING LICAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year  Hour o.m.  p.m.  19 While of work of twork of two twork of two twork of two  | The att  | Jse t             | A NOIL   | TAKT II. OTHER SIGNIFICANT CONDING  | OH CONTRIDENTIAL TO DEATH BOT NOT KEEP    | TO THE TERMINAL PROPERTY CONSTRUCTION STEELS IN TAKE (49)         |                                    |
| OK CONTRIBUTING LICAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year  Hour o.m.  p.m.  19 While of work of twork of two twork of two twork of two  | AN:  | Hea               | 2 5      |   | 205. DESCRIBE HOW INJURY OC               | CURRED. (Enter nature of injury in Part I or Part II of item 18.) |                                    |
| 21. I certify that (I) (this haspital) attended the deceased fram 1951 to FEB, 1966, that (I) (we)   | SICI   |                   | A SE     | (IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |   |                                    |
| 21. I certify that (I) (this haspital) attended the deceased fram 1951 to FEB, 1966, that (I) (we)   | R ATTENDING<br>retained by<br>RECTOR: After<br>3 shauld be | Per le            | NCA N    | 20c. TIME OF INJURY Month, Doy, Ye  |   |   | (County) (State)                   |
| 70 00  |  | de                | WE       | p.m.  | 19 of work of work                        |   |                                    |
| saw the deceased alive an 1966, and that death accurred at 220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING PHYS. D  221. PHYSICIAN'S NAME (Type) HENRY R. WOLFE  222. PHYSICIAN'S NAME (Type) HENRY R. WOLFE  |  | 0 0               |          |   |   |   |                                    |
| ATTENDING M.D. ATTENDING DIRECTOR DIREC |  | Set<br>E          |          |   | n 14 FEB 1966, a                          | and that death accurred at m, tram causes at                      |                                    |
| YE DE 22c. PHYSICIAN'S NAME (Type) HENRY R. WOLFE 22d. ADDRESS   |  | 3 s l             |          | 220. SIGNATURE  | RINSK                                     | M.D. ATTENDING MED. STAFF DIRECTOR PHYS.                          | ZZU. DATE SIGNED                   |
| E E & C A NAMIC(IVP) TIENRY K. WOLFE   |  | file              |          | 22c. PHYSICIAN'S  | (a) ( ) ( ) ( ) =                         | 22d. ADDRESS  |                                    |
| do T II D P  |  | d be              |          | UEN   |   |   |                                    |
| 230. BURIAL, CREMATION, 23b. DOTE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d, JOCATION (City or Town) (County) (Stote)  |  | haul              | 23       | o. BURIAL, CREMATION, 23b. DATE   | 061 1-101                                 |   | _ 24                               |
| 24. FUNERAL DIRECTOR ADDRESS 25g. RECID BY REGISTRAR'S SIGNATURE   |  | D N               | 1        | A FLATPRAL DIRECTOR   |   |   |                                    |
| VR A15 (4) 10 10 10 10 10 10 10 10 10 10 10 10 10  | VR<br>20   | A15 (4)<br>M 1/66 | 5.       | Dellegt   | ecce 42174                                | -96   |                                    |

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MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT

Silver

(County)

DATE SIGNED

22b.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

(State)

PERFORMED?

ON A FARM?

Year

19 66

ND

VR A15 (4) 15M 4-64

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Andrea Landen

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FEESO

The S. H. Harry Co.

CLICATE ASSESSMENT TORS

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE

alang with farm PM3. Page 18. Give Pages 1, 2, and 3 ta

in pencil in

/ delay is

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending" in pencil ir the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner'

and 2 with the State Department of

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

5 may be retained for your files.

VR A15ME (5) 6M 1/66

| 02606  | MEDICAL             | EXAMINER'S CE                                | RTIFICATE OF D                                    | EATH                        | 02572  |  |  |  |  |  |
|--|---------------------|--|---|-----------------------------|--|--|--|--|--|--|
| 1. PLACE OF DEATH O. COUNTY MON + GO I   | nery.               | MARYLAND                                     | o. STATE .M.d.                                    | b. COUNTY                   | Meill doine Le   |  |  |  |  |  |
| b. CITY OR TOWN (If autside corpore write RURAL, and give inforest to  | vn) 5               | D.248.                                       | Silver SPT  | rporote limits, write RURAI | 15 - 1   |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION Bethesolz-Silve   | SPring Nursi        | 19/16me -                                    | 10124 NA  | MITH 1911                   | e. IS RESIDENCE ON A FARM? YES \( \sqrt{NO}\)              |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or print)  | SELMA               | Middle S                                     | HWARTZ 0  |                             | b 9 19 6 k   |  |  |  |  |  |
| S. SEX  Fe -  6. COLOR OR R  W -   | WIDOWED             | DIVORCED A                                   | egust 22, 188                                     | 8 Just birthday) yrs.       | IF UNDER 1 YEAR   IF UNDER 24 HR<br>Months Doys Hours Min. |  |  |  |  |  |
| 10o. USUAL OCCUPATION (Give kind of wo during most of working life, even if retired to the control of the contr |                     | ie   | Bay, Missour  MOTHER'S MAIDEN NAME                |                             | 12. CITIZEN OF WHAT COUNTRY?                               |  |  |  |  |  |
| Rudolph Kneffe   | r                   |  | Marie Schnei                                      | der                         |  |  |  |  |  |  |
| IS. WAS DECEASED EVER IN U.S. ARMED F<br>(Yes, no, or unknown) (If yes give wor o  |                     |  | rmant<br>Ceonard Biggs                            | 2809 Den<br>Silver S        | vis Avenue   |  |  |  |  |  |
| PART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  | DUE TO  (b) Adenoca | ralized peri<br>arcinoma, ce<br>asis to lymp | tonitis  cum with rupt  h nodes and l             | ure and iver.               | ONSET AND DEATH  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                     |  |   |                             |  |  |  |  |  |  |
| 200. EXTERNAL CAUSE WAS PRIMARY 🗆 Or CONTRIBUTING 🗆 CAUSE OF DEATH.  | 20b. DESCRIBE H     | DW INJURY OCCURRED. (Ent                     | er noture of injury in Port I o                   | r Port II of item 18.)      |  |  |  |  |  |  |
| 20c. TIME OF INJURY Month, Doy,<br>Hour o.m.<br>p.m.   | While No            |  | F INJURY (Home, farm, street, office bldg., etc.) | 20f. (City or town)         | (County) (Stote)   |  |  |  |  |  |
| 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ond in my opinion death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined manner .  ACTUAL SIGNATURE  |                     |  |   |                             |  |  |  |  |  |  |
| 230. BURIAL CREMATION, REMOVAL (Specify) 2-1   | ATE THEREOF 23c. N  | AME OF CEMETERY OR CREIT Lincoln Ce          | matory 23 metery Pa                               | d. LOCATION (City or Town   | s Co., Maryland  |  |  |  |  |  |
| Warner E. Pumphre  | y. Inc. Sil         | ADDRESS<br>I Georgia Au                      | epine 250. REC'D BY RE                            |                             | strar's SIGNATURE  |  |  |  |  |  |

ger in the below

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Hould 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) hours a. COUNTY a. STATE b. COUNTA by the and 2 death MARYLAND ontquier b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) 24 Pages 1 urs after .= Days within filled i d. NAME OF HOSPITALIOR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS hours completely papers. n 72 hor 3. NAME OF Middla Lasi 4. DATE Month DECEASED OF (Type or print) DEATH February within 00 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER | YEAR 5. SEX B. DATE OF BIRTH and last birthdey) WIOOWEO N DIVORCED 0 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) onia please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pue Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) certificate has been signed by the ruse as the burial-transit permit. I prior to burial, cremation, or remover Sharon Records attending physician. 1B. CAUSE OF DEATH |Enter only one cause per lina for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immadiate ceuse DUE TO (a), steting the underlying the hospital or couse lest. PHYSICIAN: (c) CERTIFICATION prior for R: After this detached for t. of Heelth p 20e. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) þ ATTENDING MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year be retained factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Dept. et work at work p.m. 19.65 to .... 21. | certify that (1) (this hospital) attended the deceased from.... State D saw the deceased alive on..... OR 22a. SIGNATURE death. Page 4 HOSPITAL page with th

12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO X (County) (State) -23 1966, and that death occurred at 2 P.M. from the causes and on the date stated above. 22b. DATE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS ZZc. PHYSICIAN'S NAME (Type tanley M. Silverberg. 5201 Conn. Ave. N.W. Wash. D.C. 20015 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Steta) Woodfield Md. Feb. 26 1966 Woodfield 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE H. Barber Laytonsville Md.

. IS RESIDENCE

YES NO

19 66

IF UNDER 24 HRS

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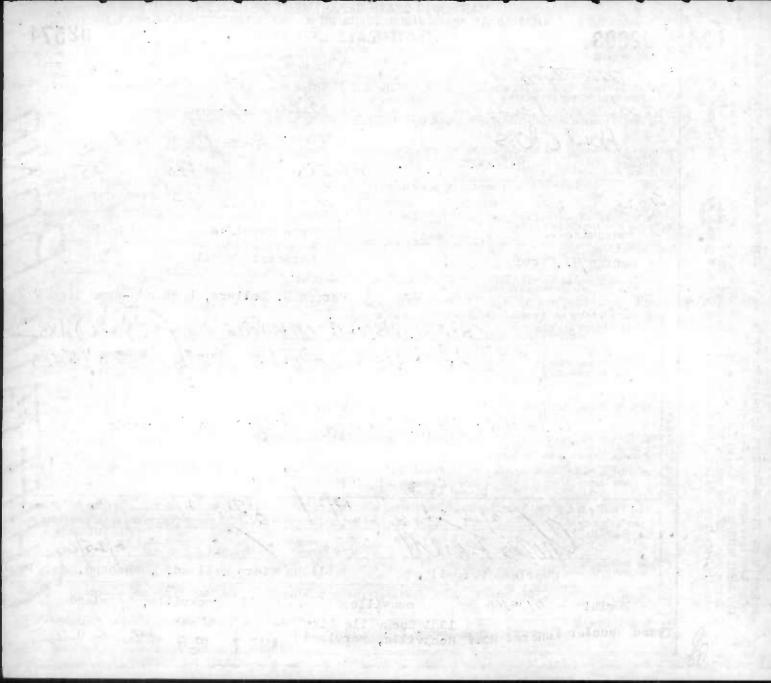
rancis H. Parer Lytonsville . C.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the fundamental pages 1 only Tonloomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b = ve carbon papers. event, within 72 h d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address; e. IS RESIDENCE filled ON A FARM? 200 YES ND npletely carbon p DATE Month Day Year 3. NAME DE 4. Middle First MARGARET DECEASED DEATH 25 19 66 comple (Type or print) And C. 6. CDLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX last birthday) | Months | Days Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR during most of working life, even if retired) COUNTRY? physici n pleas val, and North Caroline Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending ph Margaret McNeil George H. Carter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Warren H. Sellers, husband -same item # No the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed DUE TO Cenditions, If any, which been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? the hospital or YES [ NO [ this cerum detached fo DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) should be Hour a.m. While Not While at work p.m. at work 19 retained 19.50 1966 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should lied with the and that death occurred a 2:15 AM, from the causes and on the date stated above. saw the deceased ative DATE SIGNED 22a. SIGNATURE 22b. pe STAFF page 25 DIRECTOR M.D. тау TO FUNERAL ADDRESS 22c. PHYSICIAN'S director, p Rd. Wheaton, Maryland NAME (Type) 06 Viers Farwel Charles 4 (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Rockville, Maryland 2/28/66 Rockville FUNERAL DIRECTOR 331ADDR68Skville Pike 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Funeral Home Rockville. Maryland VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

hours after within executed be certificate death The law requires that the PHYSICIAN: ATTENDING HOSPITAL

20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after cents. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MADVI AND CTATE DEPARTMENT OF HEALTH

|             | MARILAND STATE DEPARTMENT OF HEALTH  |    |
|-------------|--|----|
| DIVISION OF | STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI | D  |
| 02809       | CERTIFICATE OF DEATH 0257  | 15 |

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  |
|---|--|
| a. CDUNTY MARYIAND  | a. STATE b. COUNTY   |
| b. CITY DR FOWN (If outsled corporate limits,   c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| wite RURAL and give nearest town)   | X.0 0 01   |
| d. NAME OF HOSPITAL ORWINSTITUTION (If not in hospital, give street address)  | d. STREET ADDRESS e. IS RESIDENCE  |
| d. NAME OF HOSPITAL ORANGSTITOTION (II HOSPITAL, give street address)   | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |
| Holy Cross Hosp. of Silver Spring   | YES NO Y   |
| 3. NAME/DF First Middle   | Last 4. DATE Month Day Year  |
| (Type or print) Baby Bay 311  | mms DEATH Je L. 18 1966  |
| 5. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   |
| male white WIDOWED DIVORCED   | 2 1.5-11   last birthday) Months Days Hours Min.   |
| 10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR  | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT  |
| during most of working life, even if retired) INDUSTRY  | SOUNTRY?   |
|   | ma: Ris.   |
| 13. FATHER'S NAME   | 14. MDTHER'S MAIDEN NAME   |
| Larry Simms, gr.  | winifred Jana  |
|   | INFORMANT Address  |
| (Yes, no, or unkown) (If yes give war or dates of service)  | took Tal Roy or de   |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]   | I INTERVAL BETWEEN   |
| PART I, DEATH WAS CAUSED BY:  | ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) Required by   | whire  |
| DUE TO  |  |
| Conditions, if any, which (b) Fremakin  | ety  |
| gave rise to immediate (  |  |
| cause (a), stating the underlying cause last.   |  |
|   | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | PERFORMED?   |
| CO. ACCIDENT WAS UNDEDLYING TO JOSE DESCRIPE HOW INVESTIGATION  |  |
| 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU GOR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)   |
|   |  |
| 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA  | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)   |
| ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while at work at work at work  | Type and only only on the state of the state |
| 21. I certify that (I) (this hospital) attended the deceased from   | 2/15 1966, to 2/18, 1966, that (1) (we) last   |
|   | t death occurred atM, from the causes and on the date stated above.  |
| 22a. SIGNATURE  | 22b. DATE SIGNED   |
| DODA III  | ATTENDING MED. STAFF 7 -18   |
| 22c, PHYSICIAN'S M.D  | ). PHYS. DIRECTOR PHYS. 1 278 - 26   |
| NAME (Type) 17-16-0 + T. M 11-1   | Soil Har Die Laurel had  |
| TTIVET VINOAIIN   | 104 strimonus. Janus 19141   |
| 23a. BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY   | OR CREMATORY 23d, LOCATION (City, Jown or county) (State)  |
| Burial 2/19/66 Sale of 1x   | eaven Silverspring, Mr.  |
| 24. FUNERAL DIRECTOR) 1331 Pizz Re-ADDRESS 12 121   | 25a REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE  |
| Jusonikally Parking to ha   | DATE EB 23 1966 June 19  |

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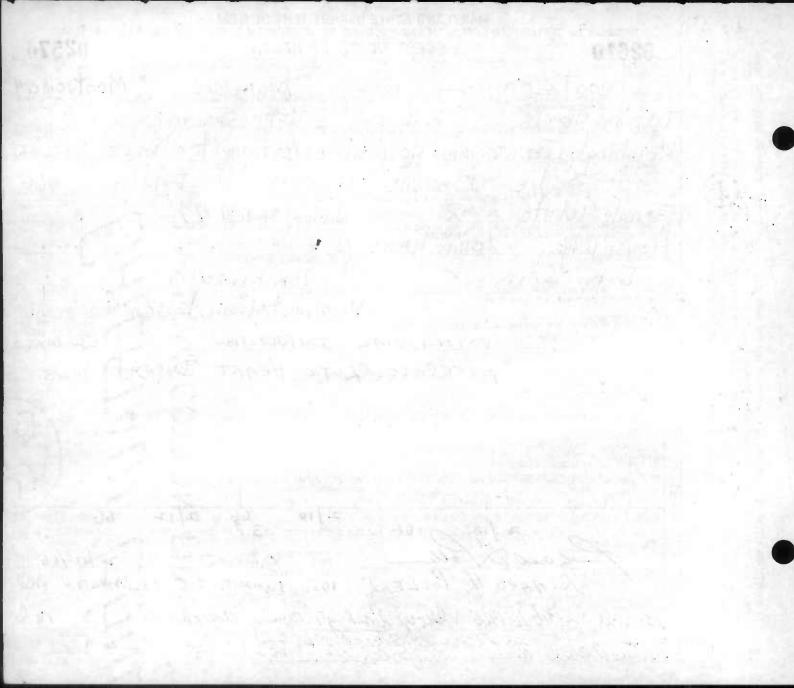
MonTamery Silver Syring Silver 310 Les apr Holy Cross theep, of Tilor Spring Boby By Simms Set. 18 46 male white alverth Larry Simms, 80 winifred .... Alvert limet with the line of the the transfer of the second second second

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remine carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| Ttom #11 CENTIFICATION   | 5373 2/53700 pc  | 016010                              |
|--|--|-------------------------------------|
| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re     | sidence before admission)           |
| a. COUNTY  | a. STATE b. COUNTY M.  | Ann pull                            |
| b. CITY OR TOWN (if outside Porporate limits, ( ) c. LENGTH, OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL a      | and sive postest town               |
| write RURAL and give nearest town)   | C. Citt on lowin (il outside corporate mints, write Konal i      | and grav mearest town,              |
| Lakoma Jark Bdaus  | 21/UPV Dorings   | 15-1                                |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS  | e. IS RESIDENCE                     |
| 1 Dach now Sound to ' work Honor I   | 10 10 Nathampton Nins  | ON A FARM?                          |
| COURTINATED STATEMENT HOSPIE   | 118 69 Morthampton Drive   | YES NO K                            |
| 3. NAME OF DECEASED First Middle   | Last 4. DATE Month   | Day Year                            |
| (Type or print) OCOLO SVOCIMO OF   | MPSON DEATH PONYUGYU   | 12 19(06                            |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | 8. DAJE OF BIRTH 9. AGE (in years IF UNDER)                      |                                     |
| To male 1) hate WIDOWED AT DIVORCED  | Months V   | Days Hours Min.                     |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   | 11. BIRTHPLACE (County & State, or foreign country)   12. CIT    | TIZEN OF WHAT                       |
| during most of working life, even if retired) INDUSTRY   | COI  | INTDV2                              |
| House Wile Town nome   | Loudar County, Va.   | U.S.A.                              |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |                                     |
| John Cannor  | Unknown  |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT Address  |                                     |
| (Yes, no, or unkown) (If yes give war or dates of service)   | A willet in Proposition of                                       | 0000                                |
|  | ousning on an Tarium   | 100 or 05                           |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |  | INTERVAL BETWEEN<br>ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL  | INFARCTION   | 3 days                              |
| 4201 DIE TO  | 1  | 1                                   |
| Conditions, If any, which ) (b) ARTERIOSCUEL   | LOTIC HEART WISFATE  | Yens                                |
| gave rise to immediate (   | 11 -11   |                                     |
| cause (a), stating the DUE TO  |  |                                     |
| underlying cause last. (c)   |  | Tee Wee All Topoly                  |
| PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTIE OF THE PARTI | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)         | 19. WAS AUTOPSY<br>PERFORMED?       |
| ICA  |  | YES NO                              |
| 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU   | JRRED. (Enter nature of injury in Part I or Part II of Item 18.) |                                     |
| G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |                                     |
|  | CE OF INJURY (Home, farm,   20f. (City or town) (Coun            | nty) (State)                        |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m.  p.m. 19 at work at work  | ory, street, office bldg., etc.)                                 | (01210)                             |
| p.m. 19 at work at work  |  |                                     |
| 21. I certify that (I) (this hospital) attended the deceased from  | 2/10 , 1966, to 2/12, 1961                                       | hat (I) (we) last                   |
| saw the deceased alive on a /12 1966, and that   | t death occurred at 3 PM, from the causes and on th              | e date stated above.                |
| 22a. SIGNATURE   | 22b. DA  | TE SIGNED                           |
| Inchard Of olle M.C  | D. ATTENDING MED. STAFF DIRECTOR PHYS.                           | 112/66                              |
| 22c. PMYSICIAN'S   | 22d. ADDRESS   |                                     |
| NAME (Type) RICHARD H. POLLEN  | 10511 SWMMIT AVE KENSIN  | GTON, Ma                            |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23m. NAME OF CEMETER   | OR CREMATORY 23d. LOCATION (City, town or cour                   | nty) (State)                        |
| Bureau Tib 16. 1966 George Wack  | ingtor Cemilia adelphi Pr. Del                                   | Co. Mc                              |
| 24. FUNERAL DIRECTOR ADDRESS ADDRESS   | 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S                       | SIGNATURE                           |
| Mither 11 holdes 17 4 averall Street   | EFR 15 1000 Milando  | · Oudas:                            |
| TWEENERY MICH WELSKELL STOR TIC 2  | 100/2 OATE D 10 1966   | 1                                   |

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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| d, if institution: Residence before admission) b. COUNTY ts, write RURAL and give nearest tawn)  |
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| write DIIDAL and give pagreet town)  |
| / / - 2  |
| e. IS RESIDENCE<br>ON A FARM?<br>YES NO A.   |
| Month Doy Year<br>ebruary 20 19 66   |
| (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Funder 25 Hours   Fund |
| , Ill. U.S.A.  |
| e Schwald  |
| 7 Contee Rd.<br>rel, Maryland  |
| INTERVAL BETWEEN ONSET AND DEATH   |
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| ART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO  |
| item 1B.)  |
| or town) (County) (State)  |
| eb. 20, 19_66that (A) (we) last<br>n causes and an the date stated abave.  |
| STAFF PHYS. 22b. DATE SIGNED Feb. 21, 1966   |
| ital, Bethesda, Md.  |
| (City or Town) (County) (State)  |
| geles, California  |
|  |

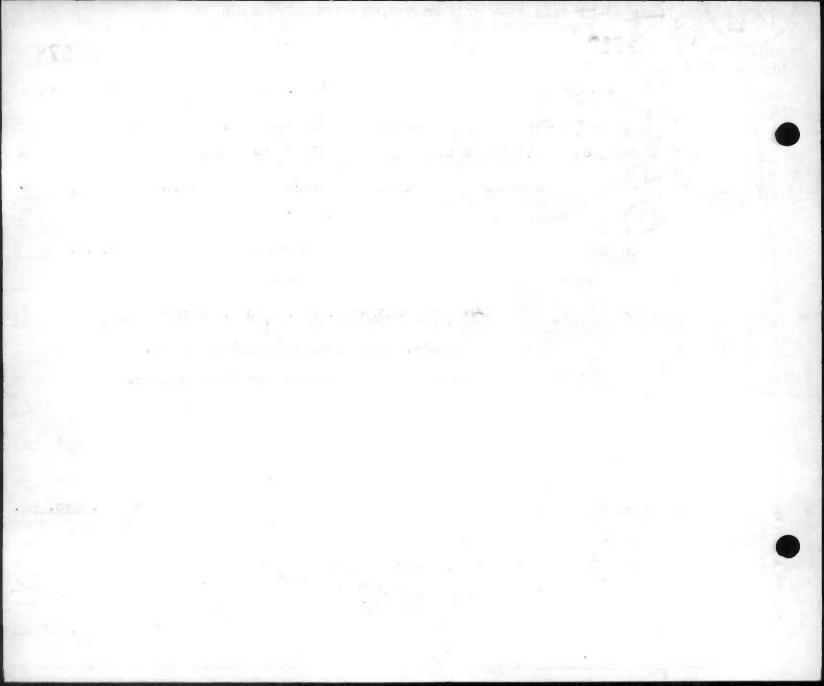
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02612 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Page delay is Prince Georges 10 Montgomery death. MARYLAND State Department b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 23 days Takoma Park. Hyattsville. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM2. form hours in pencil in Item 18. Give Pages 1, 2422 Hannon Street Sanitarium & Hospital Washington YES NO X 24 haurs after death. with 3. NAME OF 4 DATE Day **First** last Month DECEASED he Snyder 66 (Type or print) Russell Martin DEATH February buo AGE (In years S. SFX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthdoy) Manths Days Haurs 6-27-84 Male white WIDOWED DIVORCED Office 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Barber INDUSTRY Pennsylvania any d "pending" in pencil in Chief Medical Examiner's pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Edgar Booker File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknawn) (If yes give war or dates af service) remayal. 214-09-2000 Wash. San. & Hosp. Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Chronic, extensive, subdural hematoma. 0 IMMEDIATE CAUSE (a). This certificate shauld e, writing the ward farwarded to the Ch burial, cremation, DUE TO Conditions, if any, which gave left cerebrum, incurred in fall at home, rise to immediate couse (a), DUE TO stating the underlying couse 0 lost. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? the certificate, pe prior to 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH Deceased fell at home. TO FUNERAL DIRECTOR: rage 3.3m. Health ar its designated agent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Page 4 sfar your Haur a.m. Not While factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page 19 66 11:00 KK Hvattsville at wark at wark Pr. Geo. Md. 21. I certify that I taak charge of the remains described above, held an Autopsy X Inquiry X and in my apinion the funeral director. Accident V death resulted from: Natural causes Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) NAME OF CEMPTERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION REMOVAL (Specify) 66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

Items 18-21 Film G374 3/1MAKWIANT STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deam. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OZS13

| 1. PLACE DF DEAT<br>a. COUNTY                           | Н  |   | 2. USUAL RESIDEN             | VCE (Where deceased lived, If institut<br>b. COUNTY  | Ion: Residence before admission) |
|---|--|---|------------------------------|--|----------------------------------|
| Mon   | ntgomery   | MARYLAND  | Tenness                      | see  |                                  |
| b. CITY OR TOW<br>write RURAL                           | (N (if outside corporate il and give nearest town)           | mits,   c. LENGTH DF STAY IN 15                       | c. CITY OR TOWN (            | If outside corporate limits, write R   | URAL and give nearest town)      |
| Bethe   |  | 41 days   | Bristo                       |  | 79-3                             |
|   |  | f not in hospital, give street address                |                              |  | e. IS RESIDENCE<br>ON A FARM?    |
|   |  | ethesda, Md. 20014                                    |                              | abama Avenue   | YES ND X                         |
| 3. NAME DF<br>DECEASED                                  | First  | Middle  | Last                         | 4. DATE Month  | Day Year                         |
| (Type or print)   | Daniel   | Paul  | Sowards                      | DEATH February   | 23 19 66                         |
| 5. SEX  | 6. COLOR OR RACE 7.  | MARRIED X NEVER MARRIED                               | 8. DATE OF BIRTH             | 9. AGE (In years IFU last birthday) Mor  | INDER 1 YEAR   I FUNDER 24 HRS.  |
| Male  |  | VIDDWED DIVORCED                                      | 23 May 1926                  | 39 yrs.  | nths Days Hours Min.             |
| 10a. USUAL OCCUPA                                       | IDN (Give kind of work done                                  | e   10b. KIND OF BUSINESS DR                          | 11. BIRTHPLACE (             | County & State, or foreign country)  | 12. CITIZEN OF WHAT              |
| during most of work                                     | ing life, even if retired)                                   | INDUSTRY  |                              |  | COUNTRY?                         |
| Welder 13. FATHER'S NAM                                 | IF.  | Unascertainable                                       | 1 14. MOTHER'S MA            | Virginia   | U.S.A.                           |
| 10. TAITER S HAN  |  |   |                              |  |                                  |
| Danie   | 1 B. Sowards   |   | Nancy 1                      | B. Bates   |                                  |
| (Yes, no. or unkown)                                    | EVER IN U.S. ARMED FORCE<br>(If yes give war or dates of ser | S? 16. SOCIAL SECURITY NO. 17                         | . INFORMANTThe h             | Medical Recorderess  |                                  |
| No.   | (11 Jes give was or dates of ser                             |   | e Clinical (                 | Center, Bethesda,  | Md. 2001/                        |
|   | DEATH [Enter only one ca                                     | use per line for (a), (b), and (c).1                  | o viinicai (                 | ,  | 1 INTERVAL BETWEEN               |
|   | EATH WAS CAUSED BY:  |   | homommhaga                   |  | ONSET AND DEATH                  |
| .100  | IMMEDIATE CAUSE (a)_   | Gastrointestinal                                      | nemorrhage                   |  | 4 02,5                           |
| 4 12  | DUE TO   |   |                              | ** 1 77 17   | 0                                |
| Conditions, If  | any, which (b)_  | Anticoagulation ar                                    | nd Congestiv                 | e Heart Falfure  | 2 months                         |
| gave rise to cause (a), s                               |  | Idiopathic myocard                                    | lopathy and                  |  |                                  |
| underlying cau  | se last. (c)   | recurrent pulmonar                                    | v emboli                     |  | 2 months                         |
| PART II. OTHER  | SIGNIFICANT CONDITIONS                                       | CONTRIBUTING TO DEATH BUTNOTRE                        | LATED TO THE TERMINAL        | DISEASE CONDITION GIVEN IN PAR   | T1(a) 19. WAS AUTOPSY            |
| TAC   |  |   |                              |  | PERFORMED? YES X NO              |
| 20a ACCIDENT  | WAS LINDERLYING CT   | 20b. DESCRIBE HOW INJURY OC                           | CURRED (Enter nature         | of Injury in Part I or Part II of Ite  | Co. I had                        |
| PART II. OTHER 20a. ACCIDENT OR CONTRIBUT OF CITHER, NO | WAS UNDERLYING TING CAUSE DE DEATH<br>TIFY MEDICAL EXAMINER  | )   | CONNED. (Enter nature        | or injury in rate 1 or rate in or the  | 701 2017                         |
| 20c, TIME OF Hour a. p.                                 | INJURY Month, Day, Year                                      | 20d. INJURY OCCURRED   20e. P                         | LACE OF INJURY (Home,        | farm, 20f. (City or town)  | (County) (State)                 |
| Hour a.   |  | Willie I Mot Willie I                                 | ctory, street, office bldg., | , etc.)  |                                  |
| ∑ p.  | m. 19  | at work at work                                       | 7 12                         | 1044 . Fab 22  | 2066 11 1 28 1 2 1-1             |
| 21. I certi   | fy that XI) (this hospital                                   | l) attended the deceased from a nary 23 1966, and the | anuary 13,                   | 1900, to reo. 23,  | 1900, that w (we) last           |
| saw the de  | ceased alive on repr   | uary 23 1966, and th                                  | nat death occurred at        | M, from the causes and   | on the date stated addive.       |
| 22a. SIGNATU  | BE   | 6.0   | ATTENDING                    | The state of the s | 2b. DATE SIGNED                  |
| (   | 1 Succe  | NO WID I  | A.D. PHYS.                   | MED. STAFF DIRECTOR PHYS. 2  | 4 February 1966                  |
| 22c. PHYSICI.   | unal   |   |                              | The Clinical Cent  |                                  |
| MANUE (1  | Robert Bu  | ccino, M.D.   | Institute                    | s of Health, Beth  | esda, Md. 20014                  |
| 23a. BURIAL, CREM<br>REMOVAL (Sp                        | MATION, 23b. DATE THE  | REOF   23c. NAME OF CEMETE                            |                              | 23d. LOCATION (City, town  |                                  |
|   | ecify)   |   |                              | Hantington   | West We                          |
| 24. FUNERAL DIR   | 2-25_  | ADDRESS   | 1 25a. R                     | Huntington, EC'D BY REGISTRAR 256. REGIS   | STRAR'S SIGNATURE                |
|   |  |   | E I                          |  |                                  |
| Frazjer   | s Funeral H  | OME -Washingtor                                       | La De DATE                   | EB 28 1956 gold  | carles Judge                     |

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TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

|                        | MARYLAN  | D S | TATE  | DEP | ART   | MEN   | IT OF | HEALT  |
|------------------------|----------|-----|-------|-----|-------|-------|-------|--------|
| IVISION OF STATISTICAL | DECEADOR | AND | DECOR | DS  | 301 V | W. DD | ESTON | STREET |

| M                         | ARYLAND STATE DEPARTMENT OF HEALTH              |                      |
|---------------------------|---|----------------------|
| DIVISION OF STATISTICAL R | RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA | ALTIMORE 1, MARYLAND |
| 02614                     | CERTIFICATE OF DEATH                            | (125)                |

| 1.            | PLACE OF DEATH  | 11                       | 2. USUAL RESIDENCE               |                                   | stitution: Residence before admission |
|---------------|---|--------------------------|----------------------------------|-----------------------------------|---------------------------------------|
|               | a. COUNTY MALTINAMERU   | MARYLAND                 | a. STATE MAD                     | William 6. COUNTY                 | mint                                  |
| -             | b. CITY OR TOWN (if outside corporate limits,     c. L  | ENGTH OF STAY IN 16      | c. CITY OR TOWN (If              | outside corporate limits, write R | (URAL and give nearest Jown)          |
|               | write RURAL and give nearest town)  |                          | antt.                            | da                                | 16-1                                  |
| _             | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite),   | nive street address)     | d. STREET ADDRESS                | 1400                              | l e. IS RESIDENC                      |
| 1             | RESMORE SANTARIUM ANDI  | JOSPITAL                 | 9411 40                          | Hand Aveny                        | e, ON A FARI                          |
| -             |   | 11                       | Beth                             |                                   | nd YES NO                             |
| 3.            | NAME OF First DECEASED  | Middle                   | Lost                             | 4. DATE Month                     | Day Yeer                              |
| _             | (Type or print)   | 7.                       | Juan                             | DEATH                             | 126 196                               |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIED   | NEVER MARRIED B.         | DATE OF BIRTH                    | 9. AGE (In years III              | Months Days Hours Mir                 |
| F             | EMALE WHOWED  | DIVORCED   6             | march 1896                       | 75 yrs.                           |                                       |
|               | Da. USUAL OCCUPATION (Give kind of work   1Db. KIND O one during most of working life, even if refired) | F BUSINESS OR INDUSTRY   | 1 11. BIRTHPLACE (County         | & State, or foreign country)      | 12. CITIZEN OF WHAT COUN              |
| 1             |   | ied nurse                | Minnesota                        |                                   | American                              |
| 13            | B. FATHER'S NAME  | 114100                   | 14. MOTHER'S MAIDEN N            | AME                               |                                       |
| 1             | GEORGE WOOLFORD   |                          | Florence.                        | Rieder                            |                                       |
| 15            | 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCI.  | AL SECURITY NO.   17. II |                                  | Address                           |                                       |
| {Y            | (es, no, or unkown) ((lfyes give wer or deles of service) 579-3   | 8-7593 h                 | Mrs. Max Wilf                    | and same item                     | #2Daughter                            |
| -             | 18. CAUSE OF DEATH  Enter only one ceuse per line for   |                          |                                  |                                   | I INTERVAL BETWEEN                    |
|               | DARTI DEATH WAS CALISED BY  |                          | .01                              | 5 ().                             | ONSET AND DEATH                       |
|               | IMMEDIATE CAUSE (e)   | er fallu                 | n & I me                         | wind com                          | - 1 ar                                |
|               | 15 to DUE TO  | L ++.                    | P +                              | 4 0.                              |                                       |
|               | Conditions, if eny, which \ (b)   | polales                  | LA 60                            | the liver                         | 2 ma                                  |
|               | geva rise to immediata ceuse (a), stelling the underlying DUE TO  | - h                      | on site                          | 1 Komm                            |                                       |
|               | cause last. (c)   | 2                        | VIII Jue                         | 040444                            |                                       |
| Z             | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  | TING TO DEATH BUT NO     | T RELATED TO THE TERMINA         | AL DISEASE CONDITION GIVE         | IN PART 1(a) 19. WAS AUTO             |
| ATT           |   |                          |                                  |                                   | YES NO                                |
| CERTIFICATION | 2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE  | HOW INJURY OCCURED.      | (Enter nature of injury in Pa    | art I or Pert II of item 18.)     |                                       |
| CER           | OR CONTRIBUTING CAUSE OF DEATH  |                          |                                  |                                   | ·                                     |
| CAL           | 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJUR   | Y OCCURRED   2De. PLA    | CE OF INJURY (Home, tarm,        | 2Df. (City or town)               | (County) (State                       |
| MEDIC         | Hour a.m. While   | Not While fecto          | ory, street, office bldg., etc.) |                                   |                                       |
| X             |   |                          | c. l. 1/1                        | 11 61-1                           | · · · · · · · · · · · · · · · ·       |
|               | 21. I certify that (I) (this hospital) attended   | the deceased from        |                                  | 9.66 to 7.40 2                    | , 19.9.6, that (I) (we)               |
|               | saw the deceased alive on   | 19                       | death occurred at                | M, from the causes ar             | nd on the date stated ab              |
|               | 22a. SIGNATURE  |                          | ATTENDING MI                     | ED. STAFF                         | 22b. D/                               |
|               | W. John Ma  | M.                       | BUDG DI                          | RECTOR PHYS.                      | 2/2/1                                 |
|               | 22c. PHYSICIAN'S  | 00.00                    | 22d. ADDRESS                     |                                   | 11. 1. 1.                             |
| 10            | NAME (Type) W. TAGO   | noore                    | 0001                             | I ST W. W                         | Mww. O. C                             |
|               |   | NAME OF CEMETERY         | OR CREMATORY                     | 23d. LOCATION (City, town         | or county) (Stata)                    |
| 23            | REMOVAL (Specify)   | ckville                  |                                  | Rockville, M                      | Sarvland                              |
| 23            | 1102 201  | CIALTIC                  |                                  |                                   | W                                     |
|               |   |                          | 25a REC                          | D BY REGISTRAR 256. REGI          | STRAR'S SIGNATURE                     |
| 24            | 4 FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler 1331 Rockvil   | ADDRESS                  | kville, MdMA                     |                                   | STRAR'S SIGNATURE                     |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

|             | 1             | MARYLAND ST       | ATE DEPA    | RTMENT OF    | F HEALTH  |           |            |
|-------------|---------------|-------------------|-------------|--------------|-----------|-----------|------------|
| DIVISION OF | STATISTICAL F | RESEARCH AND CFRT | RECORDS, 30 | 01 W. PRESTO | N STREET, | BALTIMORE | I, MARYLAN |
| 02019       |               | CERT              | IFICATE     | OF DEATI     | 1         |           | 025        |

| a. CQUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|---|---|
| Mont Gomery MARYLAND  | Billyer Soft Ng mont Genery   |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  | c. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town)      |
| Silver Spring 44rs-11 months  | Silver Spring 15-1  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS   e. IS RESIDENCE   |
| Fairland Nursing Home   | 1029 Tenley Road PES NO NO  |
| 3. NAME DF First Middle   | Last   4. DATE Month Day Year   |
| (Type or print) Annie Davey   | Stack Death Jebruary 4 1966   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                |
| Remale White WIDOWED DIVORCED   | ec 1870 95 last bythday) Months Days Hours Min.                                       |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY   | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?    |
| Domestile Housewife Own home  | Ireland U.S.A.  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | Maria Supple  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unkown)   (If yes give war or dates of service)  | INFORMANT LOZ9 Tapley Road  |
| No None None Dame   |   |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY: Prouche Preum  | inia 2 days   |
| 49/X DUE TO   |   |
| Cenditions, If any, which (b)   |   |
| gave rise to Immediate cause (a), stating the DUE TO  |   |
| underlying cause last. (c)  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   |
| & Willie polerolie Heart Desease  | YES NO NO   |
| PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUMENTAL OF CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED. (Enter nature of injury in Part I or Part II of Item 18.)                       |
|   | CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)                      |
|   | y, street, office bldg., etc.)  |
| 21. I certify that (I) (this hospital) attended the deceased from 200   | (22, 22, 1961, to Tab. 4, 1966, that (1) (we) last                                    |
| saw the deceased alive on Teb. 3 1966, and that   | death occurred at 5.46 M, from the causes and on the date stated above.               |
| 22a. SJGNATURE  | ATTENDING MED. STAFF  |
| Thomas & Scelly M.D.  | PHYS. DIRECTOR PHYS. 12-9-68  |
| 22c. PHYSICIAN'S NAME (Type) Thomas J. Kelly  | 6480 n, H. ave., Takoma Park, my  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)   | OR CREMATORY 23d. LOCATION (City, town or county) (State)                             |
| Burial 2-8-66 Calvary Cemete  | ery Queens, New York City, N. U.  |
| 24. FUNERAL DIRECTOR SHOWERS 8434 GEORGIA AL  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                    |
| Warner E. Pumphrey, Inc. Silver Spring.   | Profile DATE B 9 1966 PCharles Judge  |
|   | 1000 11   |

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Montemery Stury St. Na Dient Sentes mires spind . Adams amin fairland Hursing Home 1029 Tenley Road Javey Stack Streetman Line SinhA Female White Domestic William Stack with Die! The said many and the state of the state Through Journal Journal THE REAL PROPERTY OF THE PARTY LAND THE RESE THERE BOTH AS

The law requires that the death certificate be executed within be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate hrector, page 3 should be detached for use rould be filed with the State Dept. of Health PHYSICIAN: ATTENDING Page 4 may director, p

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY tgomery b. COUNTY a. STATE Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Write RURAL and give nearest town)
Kensington Rockville 14 days mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll Hall Sanitarium Scott Drive NO D YES NAME OF Month Year First Middle DATE Day 4. DECEASED OF DEATH RPIE 19 66 TEBRUAR U (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 7. MARRIED birthday) MIn. Months Hours 1880Cauc. DIVORCED [ WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) CITIZEN OF WHAT during most of working life, even if retired)

housewife COUNTRY? Mississippi home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James M. Pickens Sadie Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Scott Drive (Yes, no, or unkown) (If yes give war or dates of service) No Mr. Andrew Starratt Rockville, Md Unknown INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: KONAR THROMBASIS 15MINUTES IMMEDIATE CAUSE (a DUE TO Conditions, if any, which 4EARI DISEASE (b) gave rise to immediate DUE TO cause (a), stating JENERALIZE! underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO F SENILL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work 14. 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Nov. . 19 65 to\_ and that death occurred at 1/2/0 M, from the causes and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYSICIAN'S 22c. 22d. ADDRESS 20 NAME (Type) Henry M. Lowden HEU NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Rockville Union Cem. 66 Rockville REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Robert Pumphrev Bethesda, Md.

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hnclman (memoriand) Correctl Hold Somitherion 9217 Hooth Dules of the second Conc. I non in the nousewille none plymeuon of smelalin M carati 9217 Joseph Bei Dalentern Bert Statunger Statunger Lookeville, MG. Benny L. Lowdon, M.D. . See Smill 2/17/66 Rectiville Indon Com. conjustic, nd. olect A Pumphrey Lethesda Ma

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by he haspital as attending physician.

TO FUNERAL DIRECTR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 and the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## **CERTIFICATE OF DEATH**

| 1) | 9 | pur | - | 0 |
|----|---|-----|---|---|
| U  | 2 | 0   | O | 2 |

| 1 |               | 02817 CERT   | CERTIFICATE OF DEATH Reg. Dis |   |   |  |  |  |  |  |  |
|---|---------------|--|-------------------------------|---|---|--|--|--|--|--|--|
|   | 1. 0          | PLACE OF DEATH  D. COUNTY  MAIL ONLY  MAI  | RYLAND                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE)     | A   |  |  |  |  |  |  |
|   |               | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town)  Takoma Park  Takoma Park   |                               |   |   |  |  |  |  |  |  |
| 9 |               | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ELM AVENUE  |                               | 110 Elm Street AVENUE   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO         |  |  |  |  |  |  |
|   |               | NAME OF DECEASED (Type or print) Wayy Florence   | 01                            | ead man 4. DATE Month PENTUGY!  | Day Year 6 1966                                 |  |  |  |  |  |  |
|   | _             | Emale White WIDOWED DIVOR  | CED 🔲                         | May 14, 1896 (65 yrs. Months)   | 1 YEAR IF UNDER 24 HRS. Doys Hours Min.         |  |  |  |  |  |  |
|   |               | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)   | OR INDU                       | Maryland 1  | S, A.   |  |  |  |  |  |  |
|   |               | James F. Phillips  |                               | 14. MOTHER'S MAIDEN MAME Seveh C. Gidding   | 3   |  |  |  |  |  |  |
|   |               | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Tako ma Park (Yes. no. pr unknown) (If yes, give wor or dates of service) 218:20:1393 Belva Shaw-108 ElmSt. Mel, |                               |   |   |  |  |  |  |  |  |
|   |               | IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)   | c).]                          |   | INTERVAL BETWEEN ONSET AND DEATH                |  |  |  |  |  |  |
|   |               | Conditions, if ony, which ) (b) CHYONIC (  | alon                          | nerular nephritis   | 5 years   |  |  |  |  |  |  |
|   |               | gove rise to immediate couse (a), stoling the under-lying couse lost.  | 3cle                          | Yosis - ?   | 10 years  |  |  |  |  |  |  |
| 2 | CERTIFICATION | Diabetes mellitu   | 5                             | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART                       | 1 1(0) 19/WAS AUTOPSY<br>PERFORMED?<br>YES NO N |  |  |  |  |  |  |
|   |               | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | OCCURRE                       | D. (Enter nature of injury in Port I or Port II of item 18.)                      |   |  |  |  |  |  |  |
|   | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m. 19 While of work of work  | 20e. PL                       | ACE OF INJURY (Home, form, 20f. (City or town) (Cory, street, office bldg., etc.) | County) (Stole)                                 |  |  |  |  |  |  |
|   |               | 21. I certify that I ottended the deceosed from MOVY of ive on Farmary 46, 1966, and the   |                               | occurred at 12/57AM, from the couses and on the                                   |   |  |  |  |  |  |  |
|   |               | ACTUAL SIGNATURE & Clary City  |                               | M.D. 1150 CONN, Ave, N.W.   | Pate SIGNED 126 YUGNY & 196                     |  |  |  |  |  |  |
|   |               | PHYSICIAN'S E CLARENCE P   | 1CE                           | · Mashington D.C.   | 20036   |  |  |  |  |  |  |
| 0 | 220           |  | . 11                          | R CREMATORY 22d. LOCATION (City, town, or county)  Penelly Touch Slen             | Marylan,  |  |  |  |  |  |  |
| ) | 23.           | FUNERAL DIRECTOR'S SIGNATURE LEPOMA PLUMIAL HOME 254   | dans                          | 240 REC'D BY REGISTRAR 24b, REGISTRAR'S SIG                                       | NATURE J  |  |  |  |  |  |  |

|  | CHIMA |   | EDE  |
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| and their end all is his are not in 1977. He was all |       |   |  |
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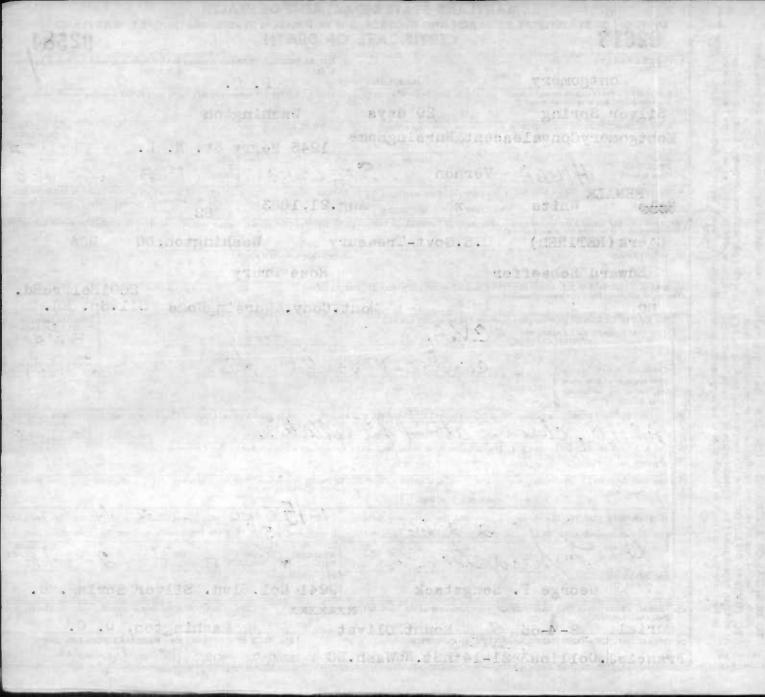
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 20M 5-63

| DIVISION OF STATISTICAL RESEARCE 12513   | CERTIFICATE                            | OF DEATH  | REET, BALTIMO                          | RE 1, MARY         | 2584,  |
|--|--|---|--|--------------------|--|
| 1. PLACE OF DEATH  o. COUNTY  Montgomery   | MARYLAND                               | 2. USUAL RESIDENCE (V                                 | b. cou                                 |                    | nce before admission)  |
| b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town).                                    | c. LENGTH OF STAY IN 16                | c. CITY OR TOWN (If out                               | C .<br>side corporete limits, wr       | ite RURAL and give | nearest fown)  |
| Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp   | 29 days                                | Washin  | gton                                   | 17-3               | l se accupator   |
| MontgomeryConvalescent   |  | 1245 Perr   | w St N                                 | E                  | ON A FARM?  YES NO   |
| 3. NAME OF DECEASED (Type or print) H/LDA VOY  | non 57                                 | Lost 4.   | DATE Mon<br>OF<br>DEATH FE             | B 2                | The same of the sa |
| Mede White WIDOWED   | DIVORCED Au                            | g.21, 1883  | 9. AGE (In year last birthday) 82 yrs. | Months Deys        | IF UNDER 24 HRS. Hours Min.  |
| Clerk (RETIRED)  | of Business or Industry G. Govt-Treasu | ry Wa   | shington,                              |                    | OF WHAT COUNTRY?<br>SA   |
| 13. FATHER'S NAME  |  | 4. MOTHER'S MAIDEN NAM                                |  |                    |  |
| Edward Schaeffer   |  | Rose Drur   |  |                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unkown) (Ifyesgivewarordatesofservice)                | OCIAL SECURITY NO. 17. IN              |   | Addre                                  | 511.Sp.            | elPreRd.   |
| 18. CAUSE OF DEATH [Enter only one couse per lin   | JVIOII<br>ne for (e), (b), end (c).]   | t.Conv.&Nur   | singnome                               |                    |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)   | V.A.                                   |   |  | 0                  | TERVAL DETWEEN NSET AND DEATH STORY  |
| Conditions, if eny, which the  | rebro-vas                              | cular &   | 15.                                    | -                  | 3 2122   |
| geve rise to immediate cause (e), stating the underlying  DUE TO   |  |   |  |                    | 1  |
| ceuse lest. (c)  |  | a tribines at the                                     |  |                    |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONT   | RIBUTING TO DEATH BUT NOT              | related to the terminal i                             | DISEASE CONDITION G                    | VEN IN PART 1(a)   | 19. WAS AUTOPSY PERFORMED? YES NO TO   |
| 20a. ACCIDENT WAS UNDERLYING   20b. DEST<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | CRISE HOW INJURY OCCURRED.             | (Enter neture of injury in Part                       | I or Part II of item 18.)              |                    | 113   110  |
| 20c. TIME OF INJURY Month, Dey, Yeer 20d. IN While at work   | Not While fector                       | OF INJURY (Home, farm, 2, street, office bldg., etc.) | Of. (City or town)                     | (County)           | (Stete)  |
| 21. I certify that the (this hospital) attend saw the deceased alive on  | ad the deceased from                   |   |  |                    | that (1) (we) last ate stated above.   |
| 220. SIGNAPURE A LOUGE   | tack m. Om.                            | ATTENDING MED. PHYS. DIRECT                           | FOR STAFF                              | 2-                 | 3 -6 BIGNED  |
| MANUE (T. )  | gstack                                 |   | lvd. Silv                              | er Spri            | ng, Md.  |
| 23e. SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  2-4-66  | Mount Olive                            | 3000000   | d. LOCATION (City, No. 1971) Washingt  |                    | (State)  |
| 24 FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                                | 25a. REC'D B'   | REGISTRAR 256. R                       | EGISTRAR'S SIGNA   | TURE   |
| FrancisJ.Collins3821-14  | thSt.NWWash.                           | DC PATER 7  | 1966   100                             | iarles Ju          | dge  |
| V  |  |   | y                                      | U                  |  |

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any ent, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

|  | 116:10.)   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH 3. COUNTY Montgomery MARYLANO  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  Maryland  b. COUNTY Montgomery  |  |  |  |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chevy Chase  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chevy Chase  |  |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?   |  |  |  |  |  |  |
| 4212 Stanford Street   | 4212 Stanford Street   |  |  |  |  |  |  |
| 3. NAME OF First Middle DECEASED   | Lest 4. DATE Month Day Year  |  |  |  |  |  |  |
|  | Stewart DEATH Sec. 2/ 1966   |  |  |  |  |  |  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO   | 8. OATE OF BIRTH  9. AGE (In years   IFUNOER 1 YEAR   IFUNDER 24 HRS.   Interest   Inter |  |  |  |  |  |  |
| Male Cauc.   WIDOWED DIVORCEO  | 0/21/1094 /1 yrs. 0 24   |  |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   |  |  |  |  |  |  |
| Patent Lawyer Law  | South Carolina U.S.A.  |  |  |  |  |  |  |
| 13. FATHER'S NAME Twyman Clark STEWART   | 14. MOTHER'S MAIOEN NAME   |  |  |  |  |  |  |
|  | Malinda Babb   |  |  |  |  |  |  |
| 15. WAS OECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)  | INFORMANT 4212 stanford St.  |  |  |  |  |  |  |
|  | lark B. Stewart Chevy Chase, Md.   |  |  |  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN   |  |  |  |  |  |  |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary De  | elusion Innestiate   |  |  |  |  |  |  |
| Conditions, If eny, which ) (b) Coronary arterios elevoses   |  |  |  |  |  |  |  |
| Conditions, If eny, which (b) Commany  | arteur elevoses  |  |  |  |  |  |  |
| gave rise to immediate cause (a), stating the DUE TO   |  |  |  |  |  |  |  |
| underlying cause last. (c)   |  |  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OEATH   | TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 2  |  |  |  |  |  |  |
|  | RREO. (Enter nature of Injury in Part I or Part II of Item 18.)  |  |  |  |  |  |  |
| 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAI   4 decided by 20d.   20d. | CE OF INJURY (Home, farm, ry, street, office bldg., etc.)  |  |  |  |  |  |  |
| 21. I certify that (I) (this hospital) attended the deceased from 3  | 19/1., 19.59, to 2-21, 19.66, that (1) (we) last   |  |  |  |  |  |  |
| saw the deceased alive on 12-27 19.65, and that  | death occurred at 7-PM, from the causes and on the date stated above.  |  |  |  |  |  |  |
| 22a. SIGNATURE  John G. Rusunger  M.D. ATTENOING MED. STAFF 22b. OATE SIGNED  2/1/66   |  |  |  |  |  |  |  |
| John A. Reisinger, M.D   | 22d. AOORESS   |  |  |  |  |  |  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  | OR CREMATORY 23d. LOCATION (City, town or county) (State)  |  |  |  |  |  |  |
| Burlal 2/25/66 Arlington   |  |  |  |  |  |  |  |
| 24. FUNERAL DIRECTOR AOORESS   | 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |  |  |  |  |  |  |
| Robert A. Pumphrey Bethesda, Md. off B 25 1965 Milarles Judge  |  |  |  |  |  |  |  |

0212 Scaulord Strant

Patrent Carry T.

TRANS DIRECTOR STREET

RE BEATHER RECEIVE

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John F. Reimmann, M. ..

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referred a Property Parliands of Transport

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

|      | MARYLAND ST  | TATE DEP | ARTM | ENT OF H | HEALTH |           |    |
|------|--------------|----------|------|----------|--------|-----------|----|
|      | RESEARCH AND |          |      |          |        | 1, MARYLA | NE |
| 0000 | OFDI         | TELOATE  | OF I | DEATH    |        | 0         |    |

|               | UZOZU   | #0 GERIFICATI                       | UF DEATH                          |                                   | 12586                            |
|---------------|---|-------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| 1.            | PLACE OF DEATH  | HO ETTH HADID                       | 2. USUAL RESIDENCE (Where         | deceased lived, If institution: F | Residence before admission)      |
|               | a. COUNTY Manta   |                                     | a. STATE Marylan                  | h COUNTY                          | 14                               |
| -             | b. CITY OR TOWN (if outside corporate dmits.  | MARYLAND  I C. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside       |                                   | and alva hearest town)           |
|               | write RURAL and give hearest town)  | C. LENGIH OF STAY IN 10             | c. CITY OR TOWN (IT godside       | corporate fimits, write KUKAL     | alld Bisa lieatest rowil)        |
|               | Olney/ md   | 126-66-75-66                        | Ulney                             | mel.                              | 15-1                             |
|               | d. NAME OF HOSPITAL OR INSTITUTION (If not in h   | ospital, give street address)       | d. STREET ADDRESS                 |                                   | e. IS RESIDENCE                  |
|               | 11/2 = 6 . 1 5  |                                     | V                                 |                                   | ON A FARM?                       |
| 3.            | NAME OF A First   | 4 /40SP-                            |                                   |                                   |                                  |
| 3.            | DECEASED  | Middle                              | Last 4. DA                        | part 1                            | Day Year                         |
|               | (Type or print) / dlorge  | Warren 57                           |                                   | ATH tebruary                      | 3 1966                           |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIED   | NEVER MARRIED   8                   | B. DATE OF BIRTH 04               | 9. AGE (In years AF UNDER         |                                  |
| 0             | male white WIDOWED  | DIVORCED                            | 7-9-85                            | last birthday) Months             | Days Hours Min.                  |
| 10            |   | IND OF BUSINESS OR                  | 11. BIRTHPLACE (County & S        |                                   | ITIZEN OF WHAT                   |
| du            | Ing most of working life, even If retired)  | NDUSTRY                             | 11 11                             | C                                 | DUNTRY?                          |
| _             |   | intermen                            | New HAM                           | oshire                            | amer.                            |
| 13            | FATHER'S NAME   |                                     | 14. MOTHER'S MAIDEN NAM           | ()                                |                                  |
|               | of lander Stee  | upser                               | annieur                           | Known DIXA                        | ez                               |
| 15            | . WAS DECEASED EVER INU.S. ARMED FORCES?   16.  | SOCIAL SECURITY NO.   17.           | INFORMANT                         | Address                           |                                  |
| (Y            | es, no, or unkown) (If yes give war or dates of service)  | 13-18-8203                          | hel 1.1                           | P . 1                             |                                  |
|               | NO 1 1/9  |                                     | MOSPITAL                          | RECORds                           |                                  |
|               | 18. CAUSE OF DEATH [Enter only one cause per I  | Ine for (a), (b), and (c).]         | //                                |                                   | INTERVAL BETWEEN ONSET AND DEATH |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  | enelyed anth                        | worlevair                         |                                   | mens_                            |
|               | 4500  |                                     |                                   |                                   |                                  |
|               | Conditions, If any, which   |                                     |                                   |                                   |                                  |
|               | gave rise to immediate (b)  |                                     |                                   |                                   |                                  |
|               | cause (a), stating the DUE TO   |                                     |                                   |                                   |                                  |
| -             | underlying cause last. (c)  |                                     |                                   |                                   |                                  |
| ě             | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI  | JTING TO DEATH BUT NOT RELA         | TED TO THE TERMINAL DISEASE O     | CONDITION GIVEN IN PART 1(a)      | 19. WAS AUTOPSY<br>PERFORMED?    |
| 8             | Bein Prostate Hyperx  | co she with ob                      | Smelver 400                       | pathy                             | YES NO NO                        |
| E             | 20a. ACCIDENT WAS UNDERLYING 1 20b.   | DESCRIBE HOW INJURY OCCU            | RRED. (Enter nature of Injury III |                                   |                                  |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |                                     |                                   |                                   |                                  |
| SAL           | 20c. TIME OF INJURY Month, Day, Year   20d. I   | NJURY OCCURRED   20e. PLAC          | CE OF INJURY (Home, farm,   20    | f. (City or town) (Cou            | inty) (State)                    |
| MEDICAL       | Hour a.m. While   | Not While factor                    | ry, street, office bldg., etc.)   |                                   |                                  |
| Z             | p.m. 19 at wor  | k at work                           |                                   |                                   |                                  |
|               | 21. I certify that (I) (this hospital) attend   |                                     | -26 , 19 66,                      | to                                | that (I) (we) last               |
|               | saw the deceased alive on   | 19.519.66 and that                  | death occurred at 9 P.M.          | from the causes and on t          | he date stated above.            |
|               | 22a. SIGNATURE  | 7                                   |                                   |                                   | ATE SIGNED                       |
|               | tribane & Fa  | clo_ M.D.                           | ATTENDING MED.                    | R PHYS. 2                         | -6-66                            |
|               | 22c. PHYSICIAN'S  | M.D.                                | 22d. ADDRESS                      | T FILIS.                          |                                  |
|               | NAME (Type) RICHARD H.  | POLLEN MI                           | 1.2/. 1                           | AVE, KENSING                      | TON, md                          |
| 23            |   | 23c. NAME OF CEMETERY               | OR CREMATORY   23d.               | LOCATION (City, town or co        | unty) (State)                    |
|               | Burial Deb. 8. 1966   | Union Cem                           | itory 1                           | Quitonsin11                       | mel                              |
| 26            | FUNERAL DIRECTOR  | ADDRESS                             | 25a. REC'D BY R                   | EGISTRAR   25b. REGISTRAR         | 'S SIGNATURE                     |
| 0             | 1 1 21 17   | 1/1/                                | TO FED O                          | 1001 1                            | 0                                |
| 14            | arity Wallers 254 Ca  | val 14 NN L                         | DATE B 9                          | 1966 Jelianle                     | o Juage                          |
| 17            |   |                                     |                                   | V V                               | //                               |

VR AI5 (4) 20M 1/65

Martagenery worth and Martan Blowy me no-4-4-44 Olmey and Warter Trungson Edwary 5 1320 13 20 CC 7-9-85 81 Mary White Serverill 1995 The store of the last could be the his was a separated my former to proper with 10 TO DE 10 Summer H. Beeren was principled and execute the same  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| ORCH OEKITT  | 0A12 01 DEA111  |
|--|---|
| 1. PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
| Montgomery   | a. STATE b. COUNTY Maryland Montagnery  |
| b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STA)  |   |
| write RURAL and give nearest town)  D.O.A.  D.O.A.   | 15-1  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a  | ddress) d. STREET ADDRESS (e. IS RESIDENCE  |
| 111 1 1 1 1 1 1 1 1 1 1 1  | ON A FARM?  |
| Washington Sanitarium and Hospital   | 1 8009 Slige Creek Parkersu YES NO X  |
| 3. NAME OF First Middle DECEASED   | OF  |
| (Type or print) Milton Newton  | Stattlemyer DEATH Jebruary 22 1966  |
| 6. COLOR OR RACE 7. MARRIEO NEVER MARRIE   | last Dirthday)   Months   Days   Hours   Min.   |
| Male Cancasion WIDOWED DIVORCE   | Jan. 5, 1902 64 yrs.  |
| 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OF during most of working life, even if retired) INDUSTRY  | COUNTRY?  |
| Ret. Policeman D.C. Police D. 13. FATHER'S NAME  | ept Boyds, Md. USA  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| Milton Urner Stottlemyer   | Lulu Thompson   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   | 117 INFORMANT   |
| (Yes, no, or unkown) (If yes give war or dates of service) 218-38-9387   | Leonard Stottlenyer 8009 Sligo Creek Pkwy   |
| [ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (  |   |
| PART I. DEATH WAS CAUSED BY:   | ONSET AND DEATH   |
| IMMEDIATE CAUSE (a)  | my Throwbosed 10 minutes  |
| 4201 DUE TO  |   |
| Conditions, if any, which gave rise to Immediate (b)   |   |
| cause (a), stating the DUE TO  |   |
| underlying cause last. (c)   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  |   |
| [5] Idiabeted 2) congest   | ve heart failure YES NO D   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I    Congest   Congest | RY OCCURRED. (Enter dature of injury in Part I or Part II of Item 18.)                |
|  | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)                |
| Hour a.m.   While - Not While -  | factory, street, office bidg., etc.)  |
|  |   |
| 21. I certify that (I) (this hospital) attended the deceased f   | rom 2/1/65, 19 to 2/21, 1966, that (i) (we) last                                      |
|  | and that death occurred at 4 M, from the causes and on the date stated above.         |
| 22a. SIGNATURE   |   |
| Palrick James  | M.D. PHYS. AX DIRECTOR PHYS. 1 Jeb. 22, 1966  |
| 22c. PHYSICIAN'S<br>NAME (Type)  | 22d. ADDRESS  |
| Patrick Jameson, M.D.  | 11718 Georgia Ave. Silver Spring, Md.   |
| PEMOVAL (Specify)  | EMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)                     |
| Burial Geb 26, 1966 Fort Lin   | coln Cemetery Prince George County MP.  |
| 24. FUNERAL DIRECTOR THOMAS 8434 ADDRESS   | Avenue   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE                         |
| Warner E. Pumphrey, Inc. Silver Spri   | ng. Md. OATEEB 28 1958 Ocharles Jules   |
| 1  | 1000 / 1000   |

ov corporal communication where the state of alog of the state LAL THE STATE OF T Commany thrombouch committee i) disabetise i) congestione knowlyandine

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR

Dovs

12. CITIZEN OF WHAT COUNTRY 1:5. A

Months

1966

IF UNDER 24 HRS

WAS AUTOPSY

PERFORMED?

and in my opinian

22. DATE SIGNED

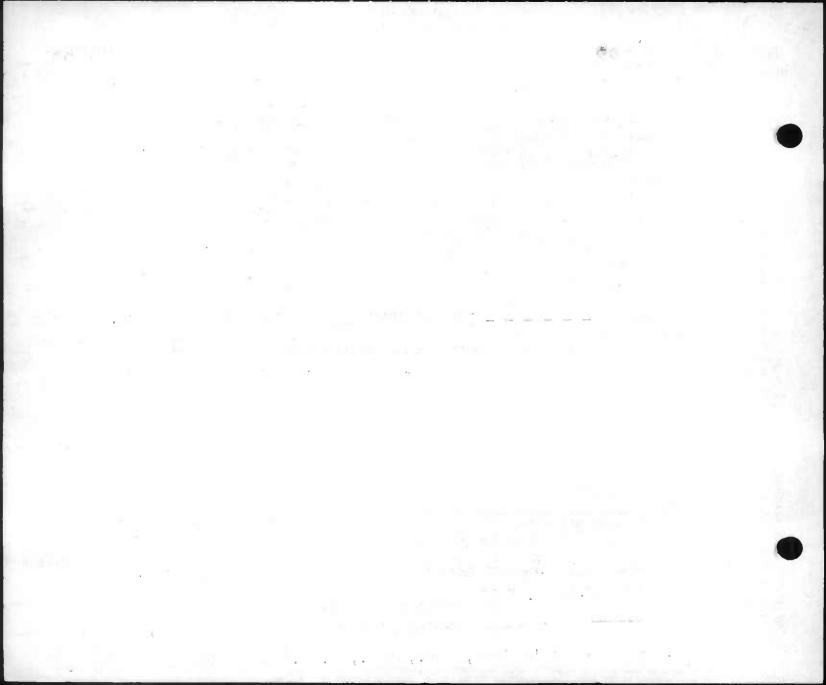
(State)

(County)

Inquiry X

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT RLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY b. COUNTY Montgomery Page Department of MARYIAND delay c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If putside corporate limits write RURAL and give nearest town) 415 Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS haurs in pencil in Item 18. Give Pages 1, Singleton State This certificate should be executed within 24 haurs after death. with NAME OF Middle DECFASED the ( Feb. DEATH ype or print) alang with with AGE (In veors 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) WIDOWED DIVORCED land2 event 10n, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY New Jeiser Secre 78 ry Law. any the Chief Medical Examiner's Manderville 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service remaval. Singleton Dr. Bethesda no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY Adeno Carcinoma - Ovaries with 5 please execute the certificate, writing the ward burial, crematian, DUE TO Metastesis : Extensive to Lolon : Livir-SPleen Conditions, if ony, which gave 0 rise to immediate couse (o), 0 stoting the underlying couse farwarded PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION to shauld be 20o. EXTERNAL CAUSE WAS prigr 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) foctory, street, office blda., etc.) may be retained for yaur FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy X Inspection X the funeral directar. Natural couses X death resulted from: Accident . Suicide [ ], Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Ball G. NAME (Type) Address (Street, city, town, or county)

23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Cedar Hill Suitland, Maryland Crematory 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Alanles VR A15ME (5) Joseph Gawler's Sons, Inc., Wash., D. C. TEB 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

VR ALSME (5) 1/65

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Inquiry

IS RESIDENCE ON A FARM?

1966

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY PERFORMED?

ND

(State)

and in my ppinion

22. DATE SIGNED

(State)

YES

(County)

Day

Davs

12. CITIZEN OF WHAT U.S.A

e223n

Adding N. robinish

Surface Teb. 24, 1665 Artington National Con.

Iv a sussect Home, Inc. 2577 vilson Blod.

STATE FOR HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages and 2 with the State Department in any event within 72 hours after death. permit. File r

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or VR AISME (5) 5M 1/65

TO DEPUTY MEDICA

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12590

| 1  | 1.   | PLACE OF DEAT  | Н  |                |                      |          | 2. USUAL RESIDENCE                               | CE (Where de | ceased lived, if in:            | titution: Re | sidence befor | e admission) |
|--|--|--|--|----------------|----------------------|----------|--|--------------|---------------------------------|--------------|---------------|--------------|
| 7  |  | a. COUNTY Montgomery MARYLAND  |  |                |                      |          | 6. STATE Maryland b. COUNTY Montgomery           |              |                                 |              |               |              |
|  | -  |  | c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)   |                |                      |          |  |              |                                 |              |               |              |
|  | C  | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chevy Chase                                    |  |                |                      |          | Chevy Chase 15-                                  |              |                                 |              |               |              |
|  |  | d. NAME OF HO  | SPITAL OR INSTITUTIO   | N (if not in h | ospital, give street | address) | d. STREET ADORESS                                |              | P G                             |              | 0. 15         | RESIDENCE    |
| 0  |  | 26 Gr  | afton Str  | eet            |                      |          | 26 Graft   | on St        | treet                           |              | YES           | A FARM?      |
|  | 3.   | NAME OF<br>DECEASED  | FI   | rst            | Middle               |          | Last   | 4. DATE      | Mont                            | h            | Oey           | Year         |
|  |  | (Typa or print)  | PAU:   | L              | B.                   | TAY      | LOR  | DEATE        | Feb.                            | 1,           |               | 19 66        |
|  | 5.   | SEX  | 6. COLOR OR RACE   | 7. MARRIED     | NEVER MARRIE         | 0   0    | B. DATE OF BIRTH                                 | 9.           | AGE (In years<br>last birthday) | IF UNDER 1   |               |              |
|  | Ma   | ale  | White  | WIOOWEO        | DIVORCE              | D D      | Aug. 12,19                                       | 05           | 60 утв.                         | 5            | 19 Hou        | urs   Min.   |
|  | 10a  | . USUAL OCCUPAT  | TION (Give kind of working life, even if retire  | done 10b. K    | INO OF BUSINESS O    | R        | 11. BIRTHPLACE (S                                | tate or fore | Ign country)                    | 12. CI       | TIZEN OF WI   | HAT          |
|  | Fo   | reign S  | ecState  | Dept           | -Govt                |          | Nebrasl  | ka           |                                 | 00           |               | S.           |
|  |  | FATHER'S NAM   |  |                |                      |          | 14. MOTHER'S MAIL                                | DEN NAME     |                                 |              | -             |              |
|  |  | Jose   | ph E. Tay  | lor            |                      |          | Anna E   | Bennet       | tt                              |              |               |              |
|  |  |  | EVER IN U.S. ARMED FO  | RCES?   16.    | SOCIAL SECURITY N    | 0.   17. | INFORMANT Wife                                   | 2            | Addre                           | 58           |               |              |
|  | (10  | Yes  | (11 yes give war or dates o  | 0              | 83-36-15             | Kat      | rina Tayl  | .or          | Same                            | as It        | em 2.         | •            |
|  |  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1   |  |                |                      |          |  |              |                                 |              |               |              |
|  | PART 1. DEATH WAS CAUSED BY: Coronary Insufficency Acute - ONSETAND COMMENTAL CAUSE (a)  |  |  |                |                      |          |  |              |                                 |              |               |              |
|  | 1  | 4401   |  |                |                      |          |  |              |                                 |              |               |              |
|  | Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO |  |  |                |                      |          |  |              |                                 | 2            |               |              |
|  |  |  |  |                |                      |          |  |              |                                 |              |               |              |
|  |  | undarlying cau   |  | (c)            |                      |          |  | DIAFAGEAGE   | DITION OF THE IN                | BARTICAL     | I A WAS       | AUTOPSY      |
|  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)                                       |  |  |                |                      |          |  |              |                                 | PER<br>YES   | FORMED?       |              |
| 5  | 100  | YES NO Z  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |  |                |                      |          |  |              |                                 |              |               |              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)  PERFORM YES  10. WAS AD PERFORM YES  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) PERFORM YES  120a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. |  |  |  |                |                      |          |  |              |                                 |              |               |              |
|  | 3  | 1000 000   | INJURY Month, Day,   | Year   20d. I  | NJURY OCCURRED       | 20e. PLA | CE OF INJURY (Home, for, street, office bldg., a |              | (City or town)                  | (Cour        | nty)          | (Stata)      |
|  | MEDICAL  | Hour a.  | m. 19  | While at world |                      | 10000    | (), 4() 66() 0 () (66)                           | ,            |                                 |              |               |              |
|  |  | 21. I certif   | 21. I certify that I took charge of the remains described above, held an Autopsy, inspection X, inquiry X, and in my opinion |                |                      |          |  |              |                                 |              |               |              |
|  |  | death result   |  | causes X       |                      |          | cide , Homici                                    | ide ],       | Undetermined                    | manner       |               |              |
|  |  |  | 0 0  |                |                      |          | CHIEF MEDICA                                     | L EXAMINER   |                                 |              |               |              |
| 1  |  | ACTUAL<br>SIGNATURE  | John !   | ). Ba          | el_                  |          | _M.D. ASSISTANT ME                               | OICAL EXAM   | IINER                           | 2 7          | 22. 0A<br>-66 | TE SIGNED    |
| X  |  | EXAMINER'S   | / 0  | D 7.7          |                      |          | OEPUTY MEOIC                                     | CAL EXAMINI  | ER E                            |              | sda, l        | Md           |
|  |  | NAME (Type)  | John G   |                |                      |          | Address (Strea                                   |              | i, or county)                   |              |               |              |
| 1  | 23a  | BURIAL, CREM<br>REMOVAL (Sp  | MATION, 23b. OATE  |                | 23c. NAME OF C       |          |  |              | OCATION (CIty, t                |              | _             | (State)      |
| 1  |  | remati   | 011 2-1-   | 66             |                      | Hil.     | L Cremator                                       |              | Suitlan                         |              |               |              |
| 0  |  | OBERT  |  | FY F           | Bethesda,            | Ma       |  |              | ISTRAR   25b. R                 |              | 7             |              |
| 17   |  | CODDICT  | TO TOTAL TILL  | L- 1, L        | , certesua,          | 1361     | CYLANDATE  | 84           | 1956                            | Marle        | 23 Jud        | ge_          |

187 30 30 STATES OF X THERESE ADMINISTRA A Shipson moderate of The transfer of the contract o Foreign Ede - State Dept - days in the second a that in the named antique distribution A COMPANY OF THE PARTY OF THE P car amilia de la composición de la seconda d THE TOTAL CHEST ABOUT THE TANK OF

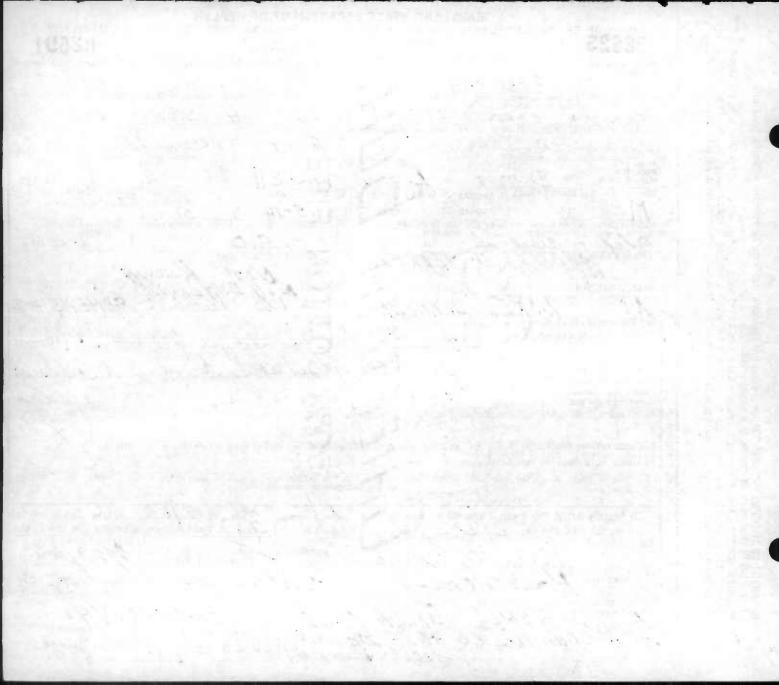
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| A   | V  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a, COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)                              |  |  |  |  |  |  |  |
| MONTGOMERY MARYLAND   | a. STATE MARILARD b. COUNTY HONT   |  |  |  |  |  |  |  |
| b. CITY OR TOWN (if outside corporate limits. / c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                   |  |  |  |  |  |  |  |
| Write RURAL and give nearest town)  TAKEMA FARK 21 days 17 ha   | 8206 HOUSTON COORT 15-1  |  |  |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |  |  |  |  |  |  |  |
| WASHINGTON SAN. 9 HOSP  | APTI TAKONA IK. YES NO   |  |  |  |  |  |  |  |
| 3. NAME DF First MIddle   | Last 4. DATE Month Day Year  |  |  |  |  |  |  |  |
| (Type or print) DIMONT LESTER   | TERKE / DEATH & d3 1966  |  |  |  |  |  |  |  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO  | 8. OATE OF B(RTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS. last birthday)   Months   Oays   Hours   Min. |  |  |  |  |  |  |  |
| WIDOWED DIVORCED  | 3-15-14 51 yrs.  |  |  |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) // INDUSTRY   | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?                                   |  |  |  |  |  |  |  |
| Polet - dischiel  | S.C. U.SA.   |  |  |  |  |  |  |  |
| 13. FATHER'S NAME ON ARLES TO TERRELL   | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |  |  |  |
| NOT ROSCON IZMIN ZON  | NOT KNOWN.   |  |  |  |  |  |  |  |
|   | INFORMANTAL VIA BUTT PRATORS   |  |  |  |  |  |  |  |
| (Yes, no, or, unknown) (If yes give war or dates of seprice)  | Plo Records - SAMFAS #Z  |  |  |  |  |  |  |  |
| 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   | 1 INTERVAL BETWEEN   |  |  |  |  |  |  |  |
| PART I. OEATH WAS CAUSED BY:  | MILCON LA ONSET AND OFATH  |  |  |  |  |  |  |  |
| IMMEDIATE CAUSE (a)   | celland for junitary 24 years  |  |  |  |  |  |  |  |
| OUE TO Danielle   | 10, b-1- Ni 00 1.0 711   |  |  |  |  |  |  |  |
| Conditions, If any, which gave rise to immediate (b)  | multille mothers was a store   |  |  |  |  |  |  |  |
| cause (a), stating the DUE TO   | (1.0)  |  |  |  |  |  |  |  |
| underlying cause last. (c) Allunes  | ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 13. WAS AUTOPSY  |  |  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  | PERFORMED?   |  |  |  |  |  |  |  |
| O L   | YES X NO   |  |  |  |  |  |  |  |
| PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)   |  |  |  |  |  |  |  |
|   | CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |  |  |  |  |  |  |  |
| Hour a.m. While Not While   | ry, street, office bldg., etc.)  |  |  |  |  |  |  |  |
|   | 7/7 20/1 2 20/1 424 10 (40) 100  |  |  |  |  |  |  |  |
| 21. I certify that (I) (this hospital) attended the deceased from   | 2 / 2 , 1906, to 2 / 2 5 , 1966, that (1) (we) last  |  |  |  |  |  |  |  |
| saw the deceased alive or 1966, and that  | t death occurred M, from the causes and on the date stated above.  |  |  |  |  |  |  |  |
|   | ATTENOING MEO. STAFF 7/19 3/66   |  |  |  |  |  |  |  |
| 22c, PHYSICIAN'S MILES WILL WILL MILES M.D.   | O. PHYS. OIRECTOR PHYS.  |  |  |  |  |  |  |  |
| NAME (Type) KENNETH CRUZE   | 7600 CARROLL AVE TAXONATORK, M.  |  |  |  |  |  |  |  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c, NAME OF CEMETERY REMOVAL (Specify)  |  |  |  |  |  |  |  |  |
| 24. FUNERAL OIRECTOR  | 25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   |  |  |  |  |  |  |  |
| Now Thankers co 8633 Des  | audEEB 28 1966 Charles Judge   |  |  |  |  |  |  |  |
| - Silver fre  | end Aucharen in 1000   |  |  |  |  |  |  |  |

VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 2/2   |                  | 02626  | CERTIFICATE OF DEATH  | 112592   |
|---|------------------|--|---|--|
| by the funeral<br>Bages 1 and 2<br>haurs after death.   |                  | PLACE OF DEATH a. COUNTY  Local 2 reul 1   | 2. USUAL RESIDENCE (Where deceosed lived, o. STATE  | if institution: Residence befare admission) b. COUNTY              |
| Pages   |                  | b. (17) OR TOWN (If outside corporate limits, write RUNAL and give lightest town)                          | c. LENGTH OF STAY IN b c. CITY OR TOWN (If outside carparate limits,  | write RURAL and give nearest tawn)                                 |
| ely filled in by the ban papers. Pagi within 72 haurs of  |                  | d. NAME OF HOSPITAL OR INSTITUTION (If not in  | hospital, give street oddress)  d. STREET ADDRESS  2010 Tandol  | Ph Ld. e. IS RESIDENCE ON A FARM? YES \( \square\) NO \( \square\) |
| etely fil   |                  | NAME OF DECEASED (Type or print)   | Peter Lost 4. DATE OF DEATH   | Manth Day Year TELS 6 1966   |
| and completely fremave carban<br>nany event with  | S.               |  | MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE (II lost bight)   9. | rthdoy) Manths Days Hours Min.                                     |
| attending physician and conservation. Then please remain on, or remaval, and infants.   | 100              | USUAL OCCUPATION (Give kind af wark dane<br>of mbs/ of working life, given if retired)                     | 10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  10c. KIND OF BUSINESS OR INDUSTRY   | ntry) 12. CITIZEN OF WHAT  |
|   | 13.              | FATHER'S NAME SORN The   | mas nation name Prysto  | 0  |
| by the attending phys<br>transit permit. Then p<br>cremation, or remaval,   | T's              | WAS DECEASED EVER IN U.S. ARMED FORCES?<br>es, no, or unknown) (ILyes give wor ar dotes af se              | 16. SOCIAL SECURITY NO. WINFORMANT WINE - SOROYBY   | Address  |
| the<br>sit I  |                  | 18. CAUSE OF DEATH (Enter only one cause<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)            | per line for (a), (b), and (c).)  | INTERVAL BETWEEN<br>ONSET AND DEATH                                |
| signed by the<br>burial-transit<br>burial, cremat   |                  | Canditions, if ony, which gove (b) rise to immediate cause (o),  | arteuro geliolia conduvaca de   | wax 6 mores  |
|   |                  | stating the underlying cause (c)   |   |  |
| use as  | CATION           | PART II. OTHER SIGNIFICANT CONDITIONS CONT   | <u>RIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI   | YES NO   |
| RECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta   | IL CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING ☐<br>OR CONTRIBUTING ☐ CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af ite  |  |
| er this<br>detact<br>ate Dep  | MEDICAL          | 20c. TIME OF INJURY Month, Doy, Year<br>Hour a.m.<br>p.m. 19   | 20d. INJURY OCCURRED While Nat While of work  20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  | r tawn) (Caunty) (Stote)   |
| TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta |                  | 21 certify that (1) (this hospit<br>ow the deceased olive on   | al) attended the deceased from 1965 to F  |  |
| DIRECT<br>Je 3 sh<br>led with   |                  | 220. SIGNATURE   |   | TAFF 22b. DATE SIGNED 66   |
| brand be filed shauld be filed  |                  | 22c. PHYSICIAN'S<br>NAME (Type)  | 5201 Kouldy   | RI Kochrille de  |
| direct shau   |                  | BURIAL, CREMATION, 23b. DATE THEREO  | 6 Arlington, Nat'l. Cem. Arlin  |  |
| /R A15 (4)<br>20 M 1/66   |                  | Joseph Gawler's S  | ons. Inc. 5130 Wisc. 250 RECD BY REGISTRAR DATE DATE 1966   | Hearley Judge  |

ADING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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on Barrening

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours affer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02627 CERTIFICATE OF DEATH

|               | OR CREE  | L OI DEATH  |
|---------------|--|---|
| 1.            | PLACE OF DEATH 2. COUNTY \   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|               | ***  | a. STATE b. COUNTY  |
|               | b. CITY OR TOWN (If outside corporate limits,   C. LENGTH OF STAY IN 1b          | maryland MBM Thomas   |
|               | D. CITY OR TOWN (if outside Corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)      |
|               | Takoma Park 12 days  | Silver Series 15-1  |
|               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)     | d. STREET ADDRESS e. IS RESIDENCE   |
|               |  | ON A FARM?  |
|               | Washington Sanitarium & Hospital   | 110 Briggs Chancy Road YES NO   |
| 3.            | NAME OF First Middle   | Last 4. DATE Month Day Year   |
|               | OECEASED (Type or print)  Manage A   | Thomason DEATH 2 25 1966  |
| 5             | THE CATHERINE  | 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.                  |
| ٥.            | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | last birthday) Months   Days   Hours   Min.   |
|               | Female white WIDOWED DIVORCED  | 7-10-10 SS yrs.   |
| 108           | . USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR            | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT             |
| our           | Ing most of working life, even if retired) INDUSTRY                              | COUNTRY?  |
| 13.           | FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| 10.           | O A MARIE O MARIE  | 14. MOTHER'S MAIDEN NAME  |
|               | Robert Ricketts  | Lena Speck  |
| 15            | . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.        | INFORMANT Address   |
| (16           | (If yes give war or dates of service)  | 1   |
|               |  | ecords washington Daniferium + Hospital   |
|               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]        | INTERVAL BETWEEN ONSET AND DEATH  |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CUTE MYO =                    | ardial Intarction   |
|               | 1/2 - 1  |   |
|               | Conditions if any which ) DUE TO AL the sin Cole ?                               | tic Heart Dispace   |
| -             | conditions, if any, which gave rise to immediate (b) AFFTEHO SCIECO              | The Treat Disease   |
|               | cause (a), stating the DUE TO  |   |
|               | underlying cause last. (c)   |   |
| NO            | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL          | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY            |
| ATI           |  | PERFORMED?  |
| 101           |  | YES NO  |
| E             | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC                      | JRRED. (Enter nature of injury in Part I or Part II of Item 18.)                      |
| CERTIFICATION | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)              |   |
|               |  | ICE OF INJURY (Home, farm,   20f. (City or town) (County) (State)                     |
| OIC           |  | ory, street, office bidg., etc.)  |
| MEDICAL       | p.m. 19 at work at work  | 1 1 1   |
|               | 21. I certify that (I) (this hospital) attended the deceased from                | 2/13/66, 19 to 2/25/66, 19 that (1) (we) last   |
|               | 3/2/2/   | 039   |
|               | 22a. SIGNATURE   | t death occurred at M, from the causes and on the date stated above.                  |
|               | 22a. SIGNATURE   | ATTENDING MED. STAFF 22b. DATE SIGNED   |
|               | Joseph Amus M. h. M.   | D. PHYS. DIRECTOR PHYS. DIAS  |
|               | 220. PHYSICIANS  | 22d. ADDRESS  |
|               | NAME (Type) Joseph E. Smith, Jr.   | putonsville, MD   |
| 232           | BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER                      | Y OR CREMATORY   23d. LOCATION (City, town or county) (State)                         |
| 200           | REMOVÁL (Specify)  |   |
|               | Burial 2-28-66 Mt. Carme   |   |
| 24            | . FUNERAL DIRECTOR ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                    |
|               | Francish, Barber Laytonsville, Md.   | DATEB 28 1966 Clianles Judge.   |
|               |  |   |

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all of any dear of and thered Acute Myonardial Interchon Artenoschie Heart Disense

2-28-66 It. C. el

rancisd, furber Lagtonaville, M.

Sunshine, hd.

# FOR STATE HEALTH DEPT.

O DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute, are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02528 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02595

|  |  | 111011111  |
|--|--|--|
| 1. PLACE OF DEATH 2 OPUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Re                       | sidence before admission)  |
| Montgomery MARYLAND  | maryland Ment  | gomany   |
| b. PITY OR TOWN (If outside corporate limits   c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL                          | and give neerest town)   |
| d. NAME OF HOSPITAL OR INSTITUTION (if pg/ in hospital, give street address)   | d. STREET ADDRESS  | to e. IS RESIDENCE   |
| University Missing Home  | 10510 new Hampshire  | ON A FARM?   |
| 3. NAME OF First Middle  | Lest 4. DATE Wonth   | Day Yaar   |
| E SEV LE GOLOD OD DAGE !   | 3. DATE OF BIRTH 19. AGE (In years   IF UNDER)                                     | 1966<br>LYEAR DE UNDER 24 HRS.   |
| 5. SER   6 GOLOR OR RACE   7. MARRIED   NEVER MARRIED   8  |  | Days 6 Hours   Min.  |
| 10a, USUAL OCCUPATION (Give kind of work dona) 10b, KIND OF BUSINESS OR during most of working life, even if retired)                                  | 11. BIRTHPLACE (State or foreign country)   12. Cl                                 | TIZEN OF WHAT  |
| Tress Store Mgr. Clothing  | Missoure 9   | COIA.  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |  |
|  | INFORMANT Address  |  |
| (Yes, no, or unkown) (If yes give war or dates of service) 262-05-0682   | Kecarlo Marino Hemo  |  |
| 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]  | 0 00:11  | INTERVAL BETWEEN<br>ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Claude Ceron  | eary Insufficiency   | ONSET AND DEATH  |
| 4201 DUE TO 4/   | . 0 & 10 +: M  |  |
| Conditione, if any, which gove rise to immediate (b)   | ion, essentially   |  |
| ceuse (a), steting the DUE TO  |  |  |
| Underlying couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)                           | 119. WAS AUTOPSY   |
| PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COUNTRIBUTING CAUSE OF DEATH. |  | YES NO   |
| 20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCU  | RRED. (Enter nature of injury in Part I or Part II of Item 18.)                    |  |
| 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  |  |  |
| 3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC  | CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.) | nty) (State)   |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 at work at work   | , , , , , , , , , , , , , , , , , , ,  |  |
| 21. I certify that I took charge of the remains described above, hel   | d an Autopsy, Inspection X_, Inquiry X_,   | and in my opinion  |
| death resulted from Natural causes Accident , Suid   | cide , Homicide , Undetermined manner  |  |
| ACTUAL LOOP WILLIAM  | CHIEF MEDICAL EXAMINER   | 22. DATE SIGNED  |
| SIGNATURE SUCCESSION OF THE SIGNATURE  | _M.D. ASSISTANT/MEDICAL EXAMINER   | 16 1011  |
| EXAMINER'S BELDEN K. REAP M  | Address (Street, city, town, or county) Tell,                                      | 16,1966  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  | OR CREMATORY 23d. LOCATION (City, town or cou                                      | nty) (State)   |
| Burial-transit 2/18/66   Marionville   | Cemetery   Marionville, M  | issourl  |
| Robert A. Pumphrey Bethesda, Md.   | FFR 2 1 1000 Miles   | O. Dectas  |
|  | DATE - A I JOD A   | The state of the s |

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BALESTAS HEWINGE MARCON COMPLETE PROGRAMME AND ASSESSED MANON were Claste ( more of sense) That The Gasery Continued the Burgarin, affivoritate coststan Constant College Alacard Labras dere A. Pumphrey Bathesda, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNER DIRECTOR. After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearn.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(12596)

| 1. PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a, STATE b. COUNTY              |
|--|---|
| Montgomery MARYLAND  | California  |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                      |
| Bethesda 73 days   | Glendora 43-3   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?   |
| The Clinical Center, Bethesda, Md. 20014   | 833 East Leadora Street YES NO XX   |
| 3. NAME OF First Middle DECEASED   | Last 4. DATE Month Day Year   |
|  | ornton DEATH February 24 1966   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8   | B. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min. |
| Female   White   WIDOWED   DIVORCED   8  | 3 November 1936   29 yrs.   |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY  | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?                                    |
| Teacher Unascertainable  | New Jersey U.S.A.   |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| Milton Gvirtsman   | Katherine Lefkowitz   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (If yes give war or dates of service)  | INFORMANThe Medical Recorddress   |
|  | Clinical Center, Bethesda, Md. 20014  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | hrein I INTERVAL BETWEEN  |
| PART I. DEATH WAS CAUSED BY: Choriocarcinoma . W   | idespread; lungs, chest wall/ 2 Years   |
| 173 X DUE TO   | , Liears  |
| Conditions, If any, which (b)  |   |
| gave rise to immediate (   |   |
| underlying course lead   |   |
|  | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  |
| PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE PART | PERFORMED? YES V NO   |
| 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU   | RRED. (Enter nature of injury in Part I or Part II of Item 18.)   |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU GONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 19 20d. INJURY OC | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  |
| Hour a.m. While Not While  | ry, street, office bldg., etc.)   |
|  | 1 - 12 - 1/4 - Fish 2/ - 10 - 1/4 - 1 - 1 - 1 - 1   |
| 21. I certify that to (this nospital) attended the deceased from Dec   | death occurred at 11:5%, from the causes and on the date stated above.  |
| saw the deceased alive one entitle y 22 19 00, and that  | death occurred at 1 www, from the causes and on the date stated above.  |
| NOV 118 Dela P   | ATTENDING MED STAFE   |
| 22c. PHYSICIAN'S M.D   | PHYS. DIRECTOR PHYS. 25 February 1966   |
| NAME (Type) Donald G. Liegler, MD.   | Institutes of Health, Bethesda, Md. 20014   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  |   |
| REMOVAL (Specify) 2-1-1966   | GIFNDORA CALIE  |
| 24. FUNERAL DIRECTOR   | 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE  |
| W.W. Chambere 6 1400 Chafings  | 120. MED B GOCO Ochanda Judge   |
|  | DAMAR Z ISODI A   |

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Pe death signed by hospital use DIRECTOR: HOSPITAL

death. Page 4 filed v 하 HO

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23a, BURIAL, CREMATION.

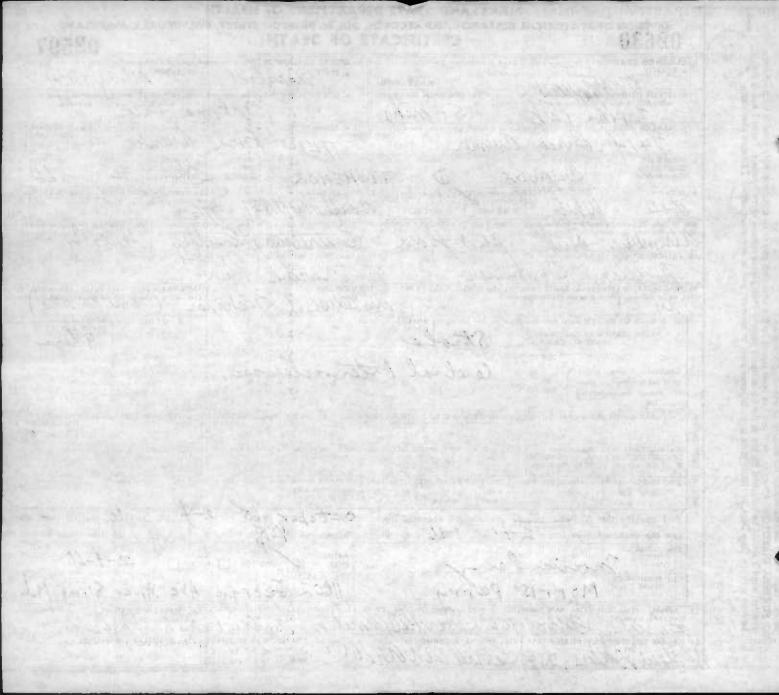
FUNERAL DIRECTOR'S SIGNATUR

### DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN If outside corporata limits, write RUBAL and giv c. LENGTH OF STAY IN 16 write RURAL end give nearest toles d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Middle Yaar DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last bigthday) Months Devs Hours WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) done during most of working life even if retired) assimular 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (Yas, ng, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Carloral Kater on lava Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) Month, Dey, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. et work at work p.m. 10...2 22b. DATE SIGNED

CERTIFICATION OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 21. I certify that (1) (this hospital) altended the deceased from Catabay 1965. saw the deceased alive on..... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

CEMETERY OR CREMATORY

25a. REC'D BY REGISTRAR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

|               | 02631   |   |                       | CERTIFIC                              | CATE         | OF DEATH   |                              |                                |                    | 1125                | 598                           |
|---------------|---|---|-----------------------|---------------------------------------|--------------|--|------------------------------|--------------------------------|--------------------|---------------------|-------------------------------|
|               | PLACE OF DEATH o. COUNTY Mon  | tgomery   | *                     | MARYLA                                | nD           | 2. USUAL RESIDENCE (V                                      | Where deceosed live          | d, if institution<br>b. COUNTY |                    | e before o          | dmission)                     |
|               | b. CITY OR TOWN (I  | f outside corporote limit<br>give negrest town<br>a (rural) | S,                    | 6 hours                               | 1b           | c. CITY OR TOWN (If ou                                     | rtside corporote limit       | ts, write RURAI                | L and give         | neorest to          | own)                          |
|               | d. NAME OF HOSPITA  | AL OR INSTITUTION (If no                                    |                       |                                       |              | d. STREET ADDRESS  |                              |                                |                    |                     | S RESIDENCE<br>ON A FARM?     |
|               |   | aval Hospit   |                       |                                       |              |  | h Road, S                    |                                |                    | YES                 |                               |
|               | NAME OF<br>DECEASED<br>(Type or print)  | Willi   | rst<br>.am            | Middle<br>Kevin                       |              | inney  | 4. DATE<br>OF<br>DEATH       | Month<br>Febru                 |                    | Doy<br>28           | Year<br>19 66                 |
|               | Ma <b>le</b>  | 6. COLOR OR RACE Negro                                      | 7. MARRIED<br>WIDOWED | NEVER MARRIED DIVORCED                |              | Feb. 28, 1   | lost                         |                                |                    |                     | Hours Min.                    |
| dur           | ing most of working   | (Give kind of work done<br>life, even if retired)           |                       | IND OF BUSINESS OR<br>IDUSTRY         |              | 11. BIRTHPLACE (County<br>Montgomery                       | Ma                           |                                | COIL               | ZEN OF WINTRY?      | J.S.A.                        |
| 13.           | FATHER'S NAME William   | E. Tinney   |                       |                                       |              | 14. MOTHER'S MAIDEN Margue                                 | <sub>NAME</sub><br>rite Kenn |                                |                    |                     |                               |
| 15.<br>(Ye    | WAS DECEASED EVE<br>es, no. or unknown)   | R IN U.S. ARMED FORCES?<br>(If yes give wor or dotes)       | of service Y          | social security no.                   |              | NFORMANT<br>lliam E. Ti                                    | nney,1735                    | Address<br>14th                | Arlin<br>Road,     | ngton<br>Sout       | , Va.                         |
|               | IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse  [b]  ONSET AND D  ONSET AND D |   |                       |                                       |              |  |                              |                                |                    |                     | AND DEATH                     |
| CERTIFICATION |   |   |                       | TO DEATH BUT NOT RELATI               |              |  |                              |                                |                    | 19. W/<br>PE<br>YES | AS AUTOPSY<br>REFORMED?<br>NO |
| L CERTIF      |   | CAUSE OF DEATH MEDICAL EXAMINER)                            | 205. 08               | ESCRIBE HOW INJURY OCCU               | JKKED. (     | enter noture of injury in                                  |                              | irem (B.)                      |                    |                     |                               |
| MEDICAL       | Hour o.n<br>p.n   | n. 19   | While of wor          | Not While of work                     | focto        | E OF INJURY (Home, forn<br>ory, street, office bldg., etc. |                              | or town)                       | (Cou               |                     | (Stote)                       |
|               | 21. I certif  | fy that x(1) (this has                                      | spital) atten         | ded the deceased fr                   | am<br>d that | Feb. 28 , death accurred at                                | 1966 , to <u>F</u>           | reb.28<br>m causes a           | , 1966<br>nd on th | , that<br>e date :  | 刘) (we) la<br>stated abav     |
| - 80          | 220. SIGNATURE  | Conc  | 2                     |                                       | M.D          | ATTENDING PHYS.  | MED. DIRECTOR                | STAFF PHYS.                    | 22b. DA<br>Mar     | TE SIGNED           | 1966                          |
|               | 22c. PHYSICIAN'S<br>NAME (Type)   | Л І.  | Lynch,                | M.D.                                  |              | 22d. ADDRESS N   | aval Hosp                    | pital,                         | Bethe              | esda,               | Md.                           |
|               | BURIAL, CREMATIC<br>REMOVAL (Specify<br>Burial  | 3-3   |                       | 23c. NAME OF CEMETE Arlington ADDRESS |              | cional   |                              | ington                         | ,                  |                     | (Stote)<br>rginia             |
| 1 25          | FOR THE Char  | rch Funera  | 1 Home                | 1100 West                             | Bro          | od St MAT  | BYREGISTRAR                  | 5 230.700                      | larelo             | The same            | 100                           |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages—and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any great within 72 haurs after your Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

Committee of the commit

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| 12532 OZMINIOAI  | (16000)   |
|--|---|
| 1. PLACE OF DEATH a. CDUNTY Mat company  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission, a. STATE Maryland b. CDUNTY |
| Motgomery MARYLAND   | 9719-Sakeny-Re., Montgomery   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Wheaton  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                  |
| d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)   | Silver Spring d. STREET ADDRESS e. IS RESIDENCE   |
|  | ON A FARM?  |
| University Nursing Home  | TES NO  |
| 3. NAME DF DECEASED (Type or print)  Ida Lillian Titelman  | Last 4. DATE Month Day Year Peb. 22 19 66   |
| 5. SEX   6. CDLDR DR RACE   7. MARRIED   NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   |
| female white WIDDWED K DIVORCED  | 11/9/1890   The last birthday   Months   Days   Hours   Min.   75   yrs.   2   11   Hours   Min.                  |
| 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  Newscherek Housewife  | 11. BIRTHPLACE (County & State, or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT USDUNTRY?                |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| TASEPH I FILINE  | KATE ROMAN  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17.  |   |
| (Yes, no, or unknown) (If yes give war or dates of service)  | DTON TITEL MAN CILVER SPRING MI   |
| 18. CAUSE DF DEATH [Enter only one cadse/perfine for (a), (b), and (c).]   | A I INTERVAL BETWEEN  |
| PART I REATH WAS CAUSED BY   | MAN ON SET AND DEATH  |
| IMMEDIATE CAUSE (A)  | Till to   |
| Conditions, If any, which ) DUE TO MAN AND AND AND AND AND AND AND AND AND A   | is the women  |
| gave rise to immediate   |   |
| cause (a), stating the DUE TO underlying cause last. (c)   | e hemerhage om:   |
| PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT TO THE SECOND PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ATED TO THE TERMINAL DISEASE CONDITION GIVEN (N PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO                 |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC  | URRED. (Enter nature of injury in Part I or Part II of Item 18.)  |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HDW INJURY OCC DR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |
|  | ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |
| Wille   Not while  | pry, street, office bldg., etc.)  |
| 21   certify that (i) (this hospital) attended the decrass of from   | 19 1 to 1 1 1 2 7, 196 6 that (1) (we) las  |
|  | at death occurred at 3:15, from the causes and on the date stated above   |
| 22a. SIGNATURE   | 22b. DATE SIGNED  |
|  | D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  |
| NAME TYPE IN G BROIMANIM   | ) 22d. ADDRESS / KJ. N. W.  |
| 23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER REMOVAL (Specify)  | DR CREMATORY 23d. LOCATION (City, town or county) (State)   |
| BURIAL SPECIFY 2/24/66 WHITED HERI   | REW CEM. HALETHORPE. MO.  |
| 24 FUNERAL DIRECTOR / ADDRESS G A  | A 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| Goldhay Hinered Home 4211  | 11 Jake B 25 1966 Charles Judge   |

VR A15 (4) 15M 4-64

...... Eaglesti. actes mylls Belly open yellegovint (d. d. matrix etc.) . Particular Foundation And the second s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

|   |               | 02633  | ERTIFICATE            | OF DEATH                                      |   | 112600                         |
|---|---------------|--|-----------------------|---|---|--------------------------------|
|   |               | PLACE OF DEATH a. COUNTY TO NOVIGEOREMY  | MARYLAND              | 2. USUAL RESIDENCE (When a. STATE             | re deceased lived, if institution:<br>b. COUNTY | Residence before admission)    |
| ł |               | b. CITY OR TOWN (If outside corporate limits, c. LENGTH  |                       | c. CITY OR TOWN (If outside                   | corparate limits, write RURAL                   |                                |
| ١ |               | write RURAL and give nearest tawn)   | OA                    | Rockville                                     |   | 15-1                           |
| ŀ | -             | d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street ad   |                       | d. STREET ADDRESS                             |   | e. IS RESIDENCE<br>ON A FARM?  |
| ı |               | Suburban   |                       | 5945 Le.                                      | May Kd  | YES NO TY                      |
| ŧ | 3.            |  | Niddle                |   | DATE Month                                      | Day Year                       |
| l |               | Occase a Corge a   | · Uo.                 | men   | OF DEATH Feb                                    | 14 19641                       |
| ŀ | S.            |  | MARRIED 8.            | DATE OF BIRTH                                 | 9. AGE (In years                                | UNDER 1 YEAR   IF UNDER 24 HRS |
| ĺ | 1             | nale white WIDOWED [   | DIVORCED              | TAN 14. 1900                                  | last birthday) M                                | onths Doys Hours Min.          |
| Ì | 10a           | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN  |                       | 11. BIRTHPLACE (County & St                   |   | 12. CITIZEN OF WHAT            |
| ı | duri          | ing mast of warking life, even if retired)  Albumous Albu | ENERGY                | PENNA.  |   | COUNTRY?                       |
| Ì | 13.           | FATHER'S NAME  |                       | 14. MOTHER'S MAIDEN NAM                       | E   |                                |
| ı |               | Houstas A. Upman   | Section 19            | Dessie  | MACKEEN   | 977                            |
|   |               | WAS DECEASED VER IN U.S. ARMED FORCES?    16. SOCIAL SECÜR   15   78   50   19   19   19   19   19   19   19   1   |                       | FORMANT                                       | Address   |                                |
| I | (10           | (If yes give war ar dates at service) 578-50-  | 2412 Car              | -o/Miller -                                   | daughter  | -                              |
| Ī |               | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond<br>PART I. DEATH WAS CAUSED BY:  | (1).                  | 2.46  | 100-5-  | INTERVAL BETWEEN               |
| ١ |               | IMMEDIATE CAUSE (a)  | CARV                  | 11A ( F                                       | TRKEJ/  | 1011111-                       |
| 1 |               | 4201 DUE TO  | (                     | of college                                    | Dec   | 1/200                          |
| ı |               | Conditions, if any, which gave rise to immediate couse (a),  | 1E (1)                | RONARY  | VCCL USI GR                                     | 1000                           |
| ١ |               | stating the underlying couse DUE 10  | PIN CCI               | EROTIC HE                                     | - Decar   | - 20 VENEC                     |
| l |               | (c)   (c)   (d)  |                       |   | AR USE AS C                                     | 19. WAS AUTOPSY                |
| 1 | NO            | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | 3                     | 1   | 1 + 1   | PERFORMED?                     |
| I | ICAT          | 20g. ACCIDENT WAS UNDERLYING [2] 20b. DESCRIBE HOW   | MULLIN OCCUPATION (S. | occursion du<br>nter noture of injury in Port | Lar Part Wat item 18)                           | Th. YES NO                     |
| 1 | CERTIFICATION | OR CONTRIBUTING 🗆 CAUSE OF DEATH   | INJURT OCCURRED. (EI  | mer notore of injury in rott                  | Tor Fort of Hem 16.)                            |                                |
|   |               | (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year  20d. INJURY OCCUR  | PED 200 PLACE         | OF INJURY (Hame, farm,                        | 20f. (City or tawn)                             | (County) (State)               |
| ı | MEDICAL       | Haur a.m. While Nat W  | hile factory          | y, street, affice bldg., etc.)                | zon. (cny or lawn)                              | (5,0,0)                        |
| l |               | p.m. 19 at wark 🗀 at wa<br>21. <b>I certify</b> that (1) <del>(this hospital)</del> attended the de  |                       | 14/ 28/ 10/                                   | 1 to FER 1)                                     | 10 6/ that (1) (we) la         |
| ı |               | saw the deceased alive an FEB 19   | 66 and that           | death accurred at 8.5                         | 5 P.M. fram causes an                           | d an the date stated abav      |
| ı |               | 22a. SIGNATURE   | , 414                 |   |   | 22b. DATE SIGNED               |
| ı |               | Joseph / marin.  | M.D.                  | ATTENDING MEI                                 | D. STAFF LECTOR PHYS.                           | FFR.14.1966                    |
| ı | Н             | 22c. PHYSICIAN'S   | 1 1                   | 22d. ADDRESS                                  | 1 Bet   | Cardy                          |
| ı |               | NAME STYPE) SOSEPH !! CONNOR   | MY                    | 19420 OLP                                     | GFIKUE TOWN                                     | LP.                            |
| F | 23a           | BELLEVILLE IS IS   | E OF CEMETERY OR CR   | REMATORY                                      | 23d. LOCATION (City or Town)                    | ' ''                           |
|   |               |  | reat Valle            |   | Chester Coun                                    |                                |
|   | 24            | FUNERAL DIRECTOR 1331 Pockyille  | RESS                  | 2So. REC'D BY                                 | REGISTRAR 2Sb. REGIS                            | TRAR'S SIGNATURE               |

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02634

-FOR STATE

PM3. Poge 2, ond 3 to

in pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

delay is

DERI

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| - / |                             |  |   |  | A CONTRACTOR OF THE PARTY OF TH | () - 0 - 2                        |  |  |  |
|-----|-----------------------------|--|---|--|--|-----------------------------------|--|--|--|
|     |                             | PLACE OF DEATH O. COUNTY AAONT 9000000000000000000000000000000000000   | MARYLAND                                    | 2. USUAL RESIDENCE (Where deceased I   | ved, if institution: Residen   | ice before odmission)             |  |  |  |
|     |                             |  | H OF STAY IN 16                             | OCITY OR TOWN (If autside corporate li   | mits, write RURAL ond give   |                                   |  |  |  |
|     |                             | d. NAME OF HOSPITAL OR INSTITUTION (If-not in hospitol, give street  | oddress)                                    | d. STREET ADDRESS  |  | e. 15 RESIDENCE                   |  |  |  |
| 0   |                             | 3920 Rudyard-Da.   |   | 5920 Rudi  | 12001. Dr.   | ON A FARM? YES NO                 |  |  |  |
|     | 1                           | NAME OF DECEASED (Type or print) A /Frecl.   | Middle / Plo - V                            | elentino 4. DATE OF DEATH  | Month<br>Feb   | 20 19 66                          |  |  |  |
|     | S.                          | SEX 6. COLOR OR RACE 7. MARRIED NEV  | SE (In years IF UNDER st birthdoy) Months 8 | 1 YEAR IF UNDER 24 HRS. Days Hours Min.  |  |                                   |  |  |  |
|     |                             | . USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  | Read's.                                     | 11. BIRTHPLACE (Stote or foreign country   | () 12. CI  | UNIRY?                            |  |  |  |
|     | 13.                         | Alburt Valentin  | 0   | 14. MOTHER'S MAIDEN NAME -<br>Mary - Bel   | ardis -  |                                   |  |  |  |
|     | 15.<br>(Ye                  | was Deceased Ever In U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service)  Yes  Unkno                     | URITY NO. 17. IN                            | FORMANT 592  | O Rudyard<br>hesda. Md.  | Dr.                               |  |  |  |
|     |                             | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), or PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) 5           |   | i di   |  | INTERVAL BETWEEN SONSET AND DEATH |  |  |  |
|     |                             | Conditions if any which nave   |   |  |  |                                   |  |  |  |
|     | rise to immediate couse (a) |  |   |  |  |                                   |  |  |  |
|     |                             | stoting the underlying cause   DUE TO   (c)  |   |  |  |                                   |  |  |  |
| 3   | CATION                      | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) |   |  |  |                                   |  |  |  |
|     | L CERTIFICATION             |  |   |  |  |                                   |  |  |  |
|     | MEDICAL                     | 20c. TIME OF INJURY Month, Doy, Year Hour own. 2 2 20 19 6 6 of work of otwerk   | JRRED 20e. PLACE foctor work                | and the state of t |  | Ment Mol                          |  |  |  |
|     |                             | 21. I certify that I took charge of the remains des  |   |  | X. Inquiry X   | and in my opinion                 |  |  |  |
|     |                             | death resulted fram: Natural causes, Acci  |   |  | termined manner  | ]                                 |  |  |  |
|     |                             | ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER   |   |  |  |                                   |  |  |  |
|     |                             | STOTIATIONS.   |   | _M.D. ASSISTANT MEDICAL EXAMINER [   | / /  | 22. DATE SIGNED                   |  |  |  |
| 2   |                             | NAME (Type) John G. Ball, M.D.   |   | Address (Street, city, town, or a  |  | 60                                |  |  |  |
|     | 230                         |  | ME OF CEMETERY OR C                         |  |  | (County) (Stote)                  |  |  |  |
|     |                             | PEMOVAI (Specify)  |   | ational Cem. Ar  |  |                                   |  |  |  |
|     | 24                          |  | DDRESS                                      | 250 REC'D BY REGISTRAR   | 2Sb, REGISTRAR'S S   | IGNATURE                          |  |  |  |
|     | F                           | Robert A. Pumphrey Bethes  | sda, Md.                                    | PLE B 24 196   | 6 Jeliane  | o Judge                           |  |  |  |

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the state Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death. VR A15ME (5) 6M 1/66

THE SU

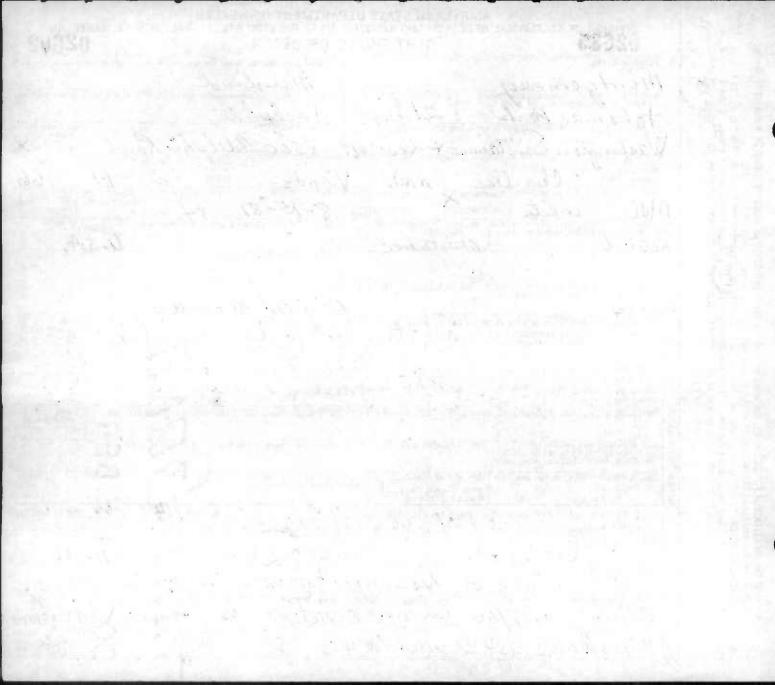
Colm C. Fail H. H. H. Hart The 2/2 66 Add agent Walters let Artington, Virginia

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or temoval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()2602

| 00000   | CENTITIONIE                 | OI DEATH                    |                                     | UNUUN                         |
|---|-----------------------------|-----------------------------|-------------------------------------|-------------------------------|
| 1. PLACE DF DEATH   |                             | 2. USUAL RESIDENCE (Wh      | ere deceased lived, If institution: | Residence before/admission)   |
| a. COUNTY   |                             | a. STATE                    | b. COUNTY                           | H                             |
| D CITY OF TOWN OF OUTSIDE COUNTY  | MARYLAND                    | Mayou                       | in The                              | Al and also necessary town    |
| b. CITY OR TOWN (if outside corporate fimits, write RURD) and give nearest (wn) | C. LENGTH OF STAY IN 1b     | c. CITY UK TUWNYIII OUTSIG  | e corporate limits, write RUR       | AL and give nearest town)     |
| Takama Park   | 21 deep                     | adelphi                     |                                     | 16-2                          |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hos                               | pital, give street address) | d. STREET ADDRESS           | 1 1 1 2                             | e. IS RESIDENCE<br>ON A FARM? |
| Washington Sanitarium   | + Heapetel                  | 8500 led                    | uphi Road                           | YES NO.                       |
| 3. NAME DF DECEASED A D FIrst   | Middle                      |                             | Month OF                            | Day Year                      |
| (Type or print)   | NMN V                       |                             | DEATH 2 -                           | 14 1966                       |
| 5. SEX   6. COLOR OR RACE   7. MARRIED  | NEVER MARRIED 8.            | DATE OF BIRTH               |                                     | R I YEAR IF UNDER 24 HRS.     |
| Male white WIDOWED  | DIVORCED                    | 8-15-81                     | last birthday) Months               | Days Hours Min.               |
|   | ID OF BUSINESS OR           | 11. BIRTHPLACE (County &    |                                     | CITIZEN OF WHAT               |
|   | enterano                    | 7                           | 7                                   | CA                            |
| 13. FATHER'S NAME   |                             | 14. MOTHER'S MAIDEN NA      | ME                                  |                               |
| 7 110/100/- 11/1  |                             |                             |                                     |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. St                            |                             | FORMANT                     | //OWN Address                       |                               |
| (Yes, no, or unkown) (If yes give war or dates of service)                      | JOINE SECONTITINO. 17. IN   | I I                         | Address                             |                               |
| none  | A                           | tospital Ko                 | cords                               |                               |
| 18. CAUSE OF DEATH [Enter only one cause per line                               | e for (a), (b), and (c).]   | 160 1                       | 0 0                                 | INTERVAL BETWEEN              |
| PART I. DEATH WAS CAUSED BY:  | hastwe he                   | and fauture                 | E aure tolo                         | ONSET AND DEATH               |
| IMMEDIATE CAUSE (a)   | 00                          |                             |                                     |                               |
| Conditions, If any, which   | 00000                       | 1. 1.                       | -                                   | 1300                          |
| gave rise to immediate (b)  | O GALLES                    | ny ouzers                   | VI and                              |                               |
| cause (a), stating the DUE TO   | 1 serhospole                | sever a Pe                  | ellombe                             | Derme                         |
| underlying cause last. (c)  |                             |                             | Sherefu                             | aut in                        |
| PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUT                                   | ING TO DEATH BUT NOT RELATE | D TO THE TERMINAL DISEASI   | CONDITION GIVEN IN PART 1(          | 19. WAS AUTOPSY<br>PERFORMED? |
| CAI   |                             |                             |                                     | YES NO                        |
| 200. ACCIDENT WAS UNDERLYING   2Db. DE  | SCRIBE HOW INJURY OCCURR    | ED. (Enter nature of injury | In Part I or Part II of Item 1      |                               |
| G OR CONTRIBUTING CAUSE OF DEATH  |                             |                             |                                     |                               |
| 0   | URY OCCURRED   20e. PLACE   |                             | Of. (City or town) (C               | ounty) (State)                |
| Hour a.m. While r   | - Not while -               | street, office bldg., etc.) |                                     |                               |
|   | at work                     | 1515/ 66                    | 1/1/1/                              | 7/                            |
| 21. I certify that (I) (this hospital) attended                                 | 5/ //                       | 19/11                       | to 0/19/, 19                        | that (I) (we) last            |
| saw the deceased alive on d   | 19 6, and that de           | eath occurred at / 101      | M, from the causes and on           |                               |
| 22a. SIGNATURE  |                             | ATTENDING MED               | 22b.                                | DATE SIGNED                   |
| SIA NOCK  | M.D.                        | PHYS. MED. DIRECT           | OR PHYS. 2                          | -114/61                       |
| 22c. PHYSICIAN'S  | 11.                         | 22d. ADDRESS                | 1 210                               | h. I                          |
| NAME (Type) Chas H  | NO TO HON                   | 7600 Carrall                | auc. Jak or.                        | MA                            |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF                                       | 23c. NAME OF CEMETERY OF    | R CREMAJORY 230             | LOCATION (City, town or o           | county) (State)               |
| Survival 2/17/66  | ROSEDALE CE.                | METERY M                    | ARTINSBURG,                         | WEST VIRGINIA                 |
| 24. FUNERAL DIRECTOR  | ADDRESS                     |                             | REGISTRAR   25b. REGISTRA           |                               |
| Villrihers William 200 dan  | DOLLANN WILLIAM             | EFR 16                      | 1966 Action                         | es Judge                      |
| A. 100 10 000 12 123 1 CAN  | 140(13.1.1.1.1)             | DATE DI                     | 1000                                | 0-9                           |

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| M  |               | 02636 CERTIFICATE OF DEATH 02603   |
|--|---------------|--|
| l and<br>er deat   |               | o. COUNTY  Maryland  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE  M. COUNTY  Maryland   |
| n by the fu<br>s. Pages 1<br>haurs after   | 6             | b. CPT OR TOWN (If outside corporate limits)  c. LENGTH OF STAY IN 1b,  c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)  Classification of the corporate limits write RURAL and give nearest town)   |
| papers.<br>papers.<br>O O  |               | d. NAME OF HOSPITAL OR INSTITUTION (Hard in hospital, give street oddress)  d. STREET ADDRESS  F. Bresidence  ON A FARM?  YES \( \sum \) NO.   |
| ely<br>ban<br>wit  |               | NAME OF DECEASED (Type or print)  NAME OF DESTRICT Middle Viands 4. DATE Month Doy Year DEATH  Doy Year DEATH  Doy Year DEATH  |
| 6 6  |               | SEP 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED S. 1903 P. AGE (In years list bioliday) Months Doys Hours Min.  |
| ician and college emo  | duri          | . USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Retired aglesman  12. CITIZEN OF WHAT COUNTRY  Allerman Used Cars  11. BIRTHPLACE (Gousty & State, or foreign country)  COUNTRY  COU |
| ig physician<br>Then please<br>maval, and  |               | FATHER'S Charles Viances Ella Schultz  |
| signed by the attending phys<br>burial tremation, ar remaval,  |               | WATOKEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  None  16. SOCIAL SECURITY NO.  17. INFORMANT  None  17. Who my Viands. 8821 Flower are deliver spring.  |
| by the<br>transit p<br>crematic  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  INTERVAL BETWEEN  ONSEL AND DEATH,  ONSEL AND DEATH,  |
| signed I<br>burial-tr<br>burial, c   |               | Conditions, if ony, which gove rise to immediate couse (o),  DUE TO  Correctly Grellerson  DUE TO  DUE TO  |
|  |               | lost. (c) Neabelus duellelus " //415   |
| icate has<br>far use a<br>Health pr  | CERTIFICATION | PART II. OTHER PROPERTY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING TO PORT II of item 18.   |
| this certific<br>detached for<br>the Dept. af H  |               | OR CONTRIBUTING CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e_PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)   |
| fter this<br>be detac<br>State Dep   | MEDICAL       | Hour o.m.  p.m.  19 While Not While foctory, street office bldg., etc.)  21. I certify that (I) (this hospital) of tended the deceased from 4/1/1, 190 to 2/2/196 Phot (I) (we) lost   |
| 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to |               | sow the deceased alive on  |
| L DIRECTOR 3 filled w  |               | ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS   |
| o FUNERAL<br>director, po<br>should be   | 230           | NAME (Type) Howard I Morse 7030 Gradl We County (Stote)  BURIAL (EMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)   |
| VR A15 (4)   | 24            | REMOVAL (Specify)  2-5-66  Parklawn Cemetery  Rockville Maryland  1. FUNERA) DIRECTOR  ROCKVILLE  Maryland  ADDRESS  ADDRESS  Strain   |
| 20 M 1/66  | Da            | and E. Pumphrey. Inc. 534 georgia white DATE FFB 7 1996 Milanlas Judge   |

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

EHASA The state of the s

funeral and 2 death. by the fi Pages 1 urs after papers. Page .= filled withi executed within completely carbon event, attending physician and corrmit. Then present prove in, or removal, and in any even pe certificate certificate has been signed by the attended for use as the burial-transit permit.

t. of Health prior to burial, cremation, or r that the death PHYSICIAN: The law requires that the hospital or attending physician. detached f te Dept. of fo FUNERAL OIRECTOR: After this director, page 3 should be detact should be filed with the State Depi OR ATTENDING ATTENDING 4 may director, p

after death

hours

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery New Jersey MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 15 days Nutlev Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. Harrison Street NO X YES DATE Month Year 3. NAME OF First Middle Last DECEASED Toni Vitale (Type or print) Ann DEATH February 18 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED Female last birthday) Months Days Hours DIVORCED | White WIDOWED 17 March 1957 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY USA Student New Jersev 13. FATHER'S NAME MOTHER'S MAIDEN NAME Anthony Vitale Angelina Perrone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Record 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) No None The Clinical Center. Bethesda 14. Maryland INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure hours DUE TO hours Conditions, if any, which Open Heart Surgery gave rise to immediate DUE TO (a), stating (c) Congenital Heart Disease underlying cause last. vears CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO T 20a, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work p.m. 19 21. I certify that (this hospital) attended the deceased from February 31519 66, to February 159 66 that 10 (we) last and that death occurred at 1:30M, from the causes and on the date stated above. saw the deceased alive on February 15.1966 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 18 February 1966 ADDRESS The PHYSICIAN'S 22d. Clinical Center, National NAME (Type) Scott Stewart. M.D. Institutes of Health, Bethesda 14, Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF Burial-transit Bloomfield, New Jersey Glendale Gemetery ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ROBERT A. PUMPHREY Bethesda. Maryland DATEB

Item 21 Film G374 3/1 MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

a75 Marringn Street w willinger poor, belonger in the

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ben trunk , nhabe at Y Hamile . . . . .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02533

### CERTIFICATE OF DEATH

02605

| VI | Dan A  | 9 34   |                   | CLIVIIII                    | CAIL      | OI PEAIII                       |                |                           |                    | 1:10                | 100      |                 |  |  |
|----|--|--|-------------------|-----------------------------|-----------|---------------------------------|----------------|---------------------------|--------------------|---------------------|----------|-----------------|--|--|
| 1  | PLACE OF DEATH     O. COUNTY   | DUNTY O. STATE B. COUNTY MONTGOMERY MARYLAND MONTGOMER MONTGOMERY  |                   |                             |           |                                 |                |                           |                    |                     | odmissio | n)              |  |  |
| ŀ  | h CITY OR TOWN (   |  | tc                | c. LENGTH OF STAY IN        |           |                                 |                |                           |                    |                     | town)    |                 |  |  |
|    |  | d give neorest town)   | 13,               | D.O.A.                      |           | BETHES                          |                | ord minis, will have      | wie eine gri       | 13                  | 5-1      |                 |  |  |
| ı  | d. NAME OF HOSPIT  | TAL OR INSTITUTION (If r   | ot in hospitol, g | ive street oddress)         | 1 - 1     | d. STREET ADDRESS               |                |                           | 700                | 6                   | ON A FA  | ENCE            |  |  |
|    | SUBURBA  | N  |                   |                             |           | 5715 HUNT                       | INGTO          | N PARKWAY                 |                    | ١                   |          | NO X            |  |  |
| I  | 3. NAME OF   | F  | irst              | Middle                      |           | Lost                            | 4. DATE<br>OF  | Mont                      | h                  | Doy                 | Yeo      | ır              |  |  |
|    | (Type or print)  | CHARLES  |                   | S. vo                       | n FF      | REMD                            | DEATH          | FEE                       |                    | 25                  | 19       | 66              |  |  |
| 1  | 5. SEX   | 6. COLOR OR RACE   | 7. MARRIED        | NEVER MARRIED               |           | . DATE OF BIRTH                 |                | 9. AGE (In years          | IF UNDER           |                     | IF UNDER |                 |  |  |
|    | MALE   | WHITE  | WIDOWED           | DIVORCED                    |           | OCT. 7, 19                      | 25             | lost birthdoy)<br>40 yrs. | Months             | Dry9                | Hours    | Min.            |  |  |
|    | 10o. USUAL OCCUPATION during most of working                             | N (Give kind of work done<br>life, even if retired)  | INI               | ND OF BUSINESS OR<br>DUSTRY |           | 11. BIRTHPLACE (County          | & Stote, or fo | oreign country)           | ((                 | TIZEN OF<br>DUNTRY? |          |                 |  |  |
| 1  |  | CORRESPOND   | ENT Ne            | WS                          |           | NEW YORK                        | 11.4.4.5       |                           | ] U.               | S.A.                |          |                 |  |  |
|    | 13. FATHER'S NAME  |  | TDEM              |                             |           | 14. MOTHER'S MAIDEN I           | NAME           |                           |                    |                     |          |                 |  |  |
|    |  | THO IT . A OTA   | FREMD             |                             |           | ANTOINET                        | TE FA          |                           | 100                |                     |          |                 |  |  |
|    | 15. WAS DECEASED EVE   | R IN U.S. ARMED FORCES'<br>(If yes give wor or dotes   | ? 16. S           | SOCIAL SECURITY NO.         | 17. 1     | NFORMANT                        |                | Addre                     | SS                 |                     |          | 230             |  |  |
|    | YES  | 1945*46  | Ol zeivice)       | nknown                      | VI        | RGINIA VON                      | FREM           | D* WIFE                   | SAI                | Œ as                | s It     | em 2            |  |  |
| f  | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) |  |                   |                             |           |                                 |                |                           |                    |                     |          |                 |  |  |
|    | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) More my cardial recent  |  |                   |                             |           |                                 |                |                           |                    |                     |          | ONSET AND DEATH |  |  |
|    | 4201   |  |                   |                             |           |                                 |                |                           |                    |                     |          |                 |  |  |
| 1  | (conditions, if ony, which gove) (h) Hateriascleusis, caronary           |  |                   |                             |           |                                 |                |                           |                    |                     | Years    |                 |  |  |
|    |  | rise to immediate couse (a), Stating the underlying couse  |                   |                             |           |                                 |                |                           |                    |                     |          |                 |  |  |
| 1  | lost.  | allying couse  | (c)               |                             |           |                                 |                |                           |                    |                     |          |                 |  |  |
| 1  | PART II. OTHER SI  | IGNIFICANT CONDITIONS  |                   | O DEATH BUT NOT RELA        | ATED TO 1 | HE TERMINAL DISEASE CON         | IDITION GIV    | EN IN PART I(o)           |                    | 19.                 | WAS AUTO | )PSY            |  |  |
|    | 20o. ACCIDENT WA   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES AUTOPSY PERFORMED? |                   |                             |           |                                 |                |                           |                    |                     |          |                 |  |  |
|    | 200. ACCIDENT WA   | S HNDERLYING [7]   | 20h DE            | SCRIBE HOW INILIRY OC       | CURRED    | Enter noture of injury in       | Port Lor Po    | art II of item 18.)       |                    |                     | , []     | <u></u>         |  |  |
| 1  | OR CONTRIBUTING  | CAUSE OF DEATH   | 203. 01           | SCRIBE HOW HOOK! OC         | CORRED.   | ciner notore of injery in       | 101110110      | 11 01 110111 10.7         |                    |                     |          |                 |  |  |
| 1  |  | MEDICAL EXAMINER)  | 204 18            | JURY OCCURRED               | 20° DI V  | E OF INJURY (Home, form         | n.   20f.      | (City or town)            | 160                | ounty)              | - (      | Stote)          |  |  |
|    | 20c. TIME OF INJ<br>Hour o.  |  | While             |                             |           | ory, street, office bldg., etc. |                | (City of lowin)           | (60                | Johny               | ,        | 31016)          |  |  |
|    | р.   |  | OI WOIR           |                             |           |                                 |                |                           | -                  | //                  |          |                 |  |  |
|    |  | ify that (I) (this ha  |                   |                             | from      | an 8,                           | 0.500          | to July                   | <u>- &gt;</u> , 19 | 46, th              | at (I) ( | we) lost        |  |  |
|    |  | eceosed alive on_  | per 18            | , <u>طرتها</u> 9            | ind tha   | death occurred at               | 70-6           | M, from causes            |                    |                     |          | obove.          |  |  |
|    | 220. SIGNATURE   | 00 %   | 1/2               | mas 6 28 ()                 | ME        | ATTEMPTION L                    | MED.           | STAFF                     | 1                  | 26-                 |          |                 |  |  |
|    |  | manker   | > XTar            | men for                     | M.I       | ). PHYS.                        | DIRECTOR       | PHYS. L                   |                    |                     |          |                 |  |  |
|    | 22c. PHYSICIAN'S<br>NAME (Type   |  | J. SA             | VARESE, J                   | r.        | 11125 Ro                        | ckvi           | lle Pik                   | e, R               | lock                | vill     | e, Mo           |  |  |
| 1  | 23o. BURIAL, CREMATI   | ON. 23b. DATE T  | HEREOE            | 23c. NAME OF CEME           | TERV OF   |                                 |                | OCATION (City or To       |                    | (County)            |          | tote)           |  |  |
|    | B REMOVAL (Specify   | 3-1-5  |                   |                             |           | at1 Cemete                      | 1              | Arling                    |                    | "                   | rgir     |                 |  |  |
| 1  | 24. FUNERAL DIRECTO  |  |                   | ADDRESS                     | AL A10    |                                 | D BY REGIST    |                           | GISTRAR'S          |                     | -        |                 |  |  |
| 1  | ROBERT   |  | EY F              |                             | Mar       | yland DATE AA                   |                |                           | Clear              |                     |          | ,               |  |  |
|    |  |  |                   |                             |           | ,   DAIF // /\                  | 3              | a full long link 100 1    | 1000               | Hard V              | WWW.     | AND THE RESERVE |  |  |

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dear TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove eachan papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in an exect within 72 haurs after doors Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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# FOR STATE HEALTH DEPT. **O DEPUTY MEACAL EXAMINER:** This certificate should be executed within 24 hours after deoth. If any deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death

This certificate should be executed within 24 hours after death.

TO DEPUTY MEDICAL EXAMINER:

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02539

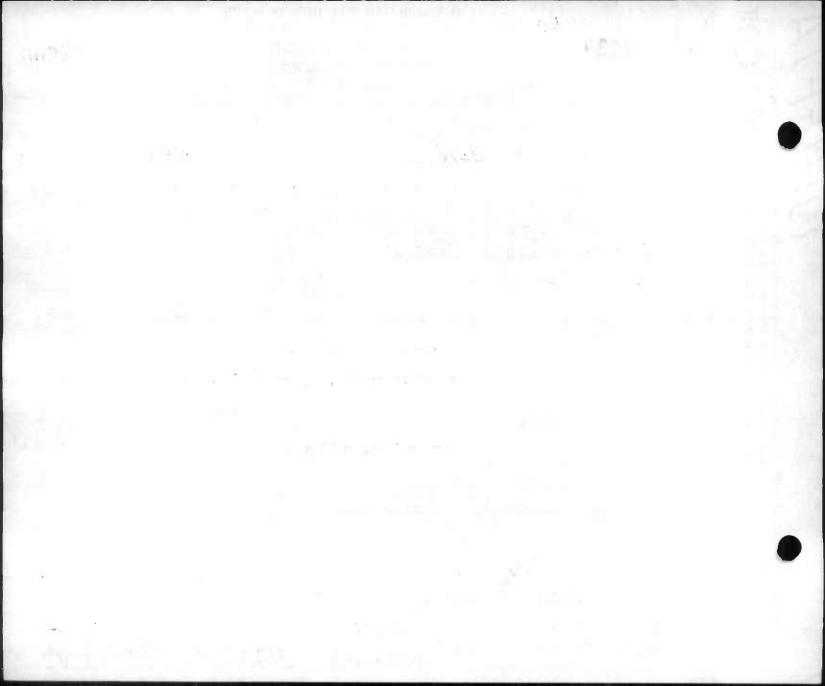
### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Becke

|               | 0,4000   |                                    |  | (/4)11/3   |
|---------------|--|------------------------------------|--|--|
| 1.            | PLACE OF DEATH<br>O. COUNTY Montgomery   |                                    | 2. USUAL RESIDENCE (Where deceosed lived, if institution STATE A. J. B. COU                        | A STATE OF THE PARTY OF THE PAR |
|               |  | MARYLAND                           | 181319121111-  | MINTERS  |
|               | b. CITY OR TOWN (If autside corparate limits, write PURAL and give neofest town) | c. LENGTH OF STAY IN 1b            | c. CITY OR TOWN (If outside corporate limits, write RU   | RAL ond give nearest town)   |
| _             | Bethesda -   | Years.                             | Bethesda   | 15-1   |
|               | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 7.827 H2mPate            | give street oddress)               | d. STREET ADDRESS 7827 Hamilton  | Lane   e. IS RESIDENCE ON A FARM? YES   NO   |
| 3.            | NAME OF DECEASED (Type or print) Henry   | MUFFILL                            | Vess death Fes   | Doy Year 1966  |
| S.            | SEX 6. COLOR OR RACE 7. MARRIED  W ~ WIDOWED                                     |                                    | B. DATE OF BIRTH 9. AGE (In years lost birthdoy)  4/18/1898 9. AGE (In years lost birthdoy) 7 yrs. | Months Doys Hours Min.   |
|               |  | KIND OF BUSINESS OR NOUSTRY Stores | 11. BIRTHPLACE (Stote or foreign country)  | 12. CITIZEN OF WHAT COUNTRY?   |
| 13.           | . FATHER'S NAME  |                                    | 14. MOTHER'S MAIDEN NAME   |  |
|               | Lewis. John. Poss  |                                    | MAThilde Kull  |  |
|               |  | . SOCIAL SECURITY NO. 17.          | INFORMANT Addr   | ess  |
| (1)           | es, no, or unknown) (If yes give wor or dotes of service)                        | 21-03-40/2                         | Son. Edwin P. Voss   | -Same Hew#2  |
| -             | 18. CAUSE OF DEATH (Enter only one couse per line for                            |                                    |  | INTERVAL BETWEEN   |
|               | PART I. DEATH WAS CAUSED BY:   |                                    | rction, Recent and remete  | ONSET AND DEATH  |
|               | 4201 DUE TO  | My GOATH LALL LILLS                | trocten, Recent and remet  | 3 days   |
|               | Les Date of Links  | Antenieselenesi                    | s, generalized severe  | Years  |
|               | lise to thimediote couse (o), ( Diff TO  | and the series as I                | S. SHELMITZED SEVERE   | 103.03   |
|               | stoting the underlying couse (c)   |                                    |  |  |
|               | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING                               | TO DEATH BUT NOT RELATED TO        | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  | 19. WAS AUTOPSY  |
| 10            | -  |                                    | 1,7  | PERFORMED?   |
| CERTIFICATION | 2Do. EXTERNAL CAUSE WAS 206  | ESCRIBE HOW INJURY OF CHIRRED      | (Enter noture of injury in Port I or Port II of item 1B.)  | 113 (a) 110 ()   |
| CERT          | PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.  |                                    | (end house of highly in roll of the hold hold hold   |  |
| MEDICAL (     | 2Dc. TIME OF INJURY Month, Day, Yeor<br>Hour o.m. 2Dd. Whil                      | e Not While foct                   | CE OF INJURY (Home, farm, ory, street, office bldg., etc.)   | (County) (Stote)   |
|               | 21. I certify that I taak charge af the re                                       |                                    | Id on Autonou (TV) Investiga (TV) Investiga  | ···· 🗹   |
|               |  |                                    |  | uiry , ond in my apinion   |
|               | death resulted from: Natural causes  | , Accident , Suic                  | ide, Homicide, Undetermined m  | ionner 🔛   |
|               | ACTUAL OP. B.R.  | .08                                | CHIEF MEDICAL EXAMINER   | 22. DATE SIGNED  |
|               | SIGNATURE John 15. 34  | 4.                                 | M.D. ASSISTANT MEDICAL EXAMINER  | 8/11   |
|               | NAME (Type)  | 2011                               | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)                                    | )/00   |
| 23/           | o. BURIAL, CREMATION, 23b. DATE THEREOF  | 23c. NAME OF CEMETERY OR           |  | own) (County) (Stote)  |
| 1             | REMOVAL (Specify)  | Cedar Hill                         | 1  | 1 11   |
| 2             | A FLINERAL DIRECTOR  | ADDRECC                            | CREMATORY Suit IAN   | EGISTRAR'S SIGNATURE   |
|               | Joseph Gawler's Son's  | INC. WIASK. 1                      | C. DEFB 1 1 1966   | harles Judge   |
| 8             |  | IN JITA A LX                       |  |  |

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| FOR STATE  |               | Ozean   | MEDICAL EXAMINER'S                         | CERTIFICATE OF DEATH   | 02607                                 |
|--|---------------|---|--|--|---------------------------------------|
| HEALTH DEPT.   | 1.            | PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceosed lived, if ins   | titution: Residence before admission) |
| N 0 0  |               | - COUNTY - C  |  | CYLTS  | COUNTY                                |
|  |               | Montgon   | MARYLAND                                   | a. STATE Mel.  | Montgimer!                            |
| ny delay is<br>P., and 3 to<br>PM3. Page<br>artment of   |               | b. CITY OR TOWN (If outside corporate limit               | ts, c. LENGTH OF STAY IN 16                | c. CITY OR TOWN (If outside corparate limits, write  | RURAL and give neorest tawn)          |
| dela<br>and<br>M3. I<br>m3. r  | 12            | write RURAL and give nearest town)                        | 2/2 47.                                    | R. Rockville.  | 15 1                                  |
| f any delay<br>1, 2, and 3<br>rm PM3. Pa<br>Department<br>rs after dea   | 1             | d. NAME OF HOSPITAL OR INSTITUTION (IF n                  |  | d. STREET: ADDRESS   | e. IS RESIDENCE                       |
| T E S  |               |   |  |  |                                       |
| ges 1, sarm farm after De cate De hours  |               | 11701 7 DS61  | n Rd.                                      | 11701 Ibson K  | YES NO                                |
| Page<br>Page<br>vith t   |               |   | irst Middle                                |  | Manth Doy Year                        |
| death.  e Page with for  |               | OECEASED (Type or print)                                  | . Lester                                   | Wolker DEATH 7   | et 11 1966                            |
| after death. If 8. Give Pages 1, agong with farm with the State De within 72 hours   | _             | SEX 6. COLOR OR RACE                                      |  | 8. DATE OF BIRTH 9. AGE (In year   |                                       |
| E SO SO SE   | ٥.            | 1 COLON ON MACE   |  | 1 . 1  |                                       |
| × - 0 - × +  |               | IFII W.   | WIDOWED DIVORCED                           | July 17, 1914 31 Yr  |                                       |
| haurs<br>Orige<br>Orige<br>onez<br>event   | 100           | . USUAL OCCUPATION (Give kind of work done                | 10b. KIND OF BUSINESS OR                   | 11. BIRTHPLACE (Stote or foreign country)  | 12. CITIZEN OF WHAT                   |
|  | dus           | ng most of working life, even if retired)                 | Lien. INDUSTRY GOV.                        | Montene  | COUNTRY?                              |
| hin 24<br>ncil in I<br>niner's<br>pages I<br>in any  | 13            | FATHER'S NAME   | 21412                                      | 14. MOTHER'S MAIDEN NAME   | 4.2.74                                |
| within<br>pencil<br>xamine<br>ile pag<br>nd in c   | 10.           | Bllie-Wal   | 1 1/25                                     | 4  | 9 -                                   |
| f within 24<br>n pencil in<br>Examiner's<br>File pages<br>and in any   |               |   |  |  | tie.                                  |
| ed +   |               | WAS DECEASED EVER IN U.S. ARMED FORCES?                   | 43   | INFORMANT  | ddress                                |
| s certificate should be executed<br>by writing the ward "pending" in<br>forwarded to the Chief Medical E<br>used as a burial-transit permit. F<br>burial, cremation, or removal, a   | 111           | 4es (1) W/ [1   | 390-07-7426                                | Evz. Hitch. Wolken. n  | lite-                                 |
| e execut<br>pending<br>ef Medica<br>isit permi   |               | 18. CAUSE OF DEATH (Enter only one co                     |  |  | INTERVAL RETWEEN                      |
| shauld be e<br>ne ward "per<br>o the Chief I<br>burial-transit<br>matian, or re  |               | PART I DEATH WAS CAUSED BY-                               | 11 - 71                                    | ia. by Honging.  | PASET AND DEATH_                      |
| d hid  |               | 97.4 IMMEDIATE CAUSE                                      |  | 18. 109. 178119 1119   | 19/1/11/1-                            |
| uld<br>arc<br>an,  |               |   | 10   |  |                                       |
| orice at its   |               | Conditions, if ony, which gove                            | (b)  |  |                                       |
| the to to em   |               | rise to immediate cause (o), stating the underlying couse | TO   |  |                                       |
| ficate ing the ded to as a a l, crea   |               | last.   | (0)  |  |                                       |
| certificate shauld<br>writing the ward<br>orwarded to the C<br>used as a burial-tr<br>burial, crematian,   |               |   | CONTRIBUTION TO REATH BUT NOT BELLETING TO | THE TENANT PIECES OF PRINCIPAL AND ALL PLANTS AND A | 19. WAS AUTOPSY                       |
| certil<br>, writ<br>orwar<br>used<br>buria   | NO            | PART II. OTHER SIGNIFICANT CONDITIONS                     | CONTRIBUTING TO DEATH BUT NOT RELATED TO   | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  | PERFORMED?                            |
| This cate, be fo   | CERTIFICATION |   |  |  | YES NO X                              |
| ER: This certificate auld be faces.  | TE            | 20o. EXTERNAL CAUSE WAS                                   | 20b. DESCRIBE HOW INJURY OCCURRED.         | . (Enter noture af injury in Port 1 ar Part II of item 18.   | )                                     |
| INER: Ties certifice e certifice should by files.  3 should land, prior  |               | PRIMARY OF CONTRIBUTING CAUSE OF DEATH.                   | Hunes Seft                                 | · by RoPe mi Base 17   | rent of home.                         |
| NE CC CC Sh Sh Sh Sh   | MEDICAL       | 20c. TIME OF INJURY Month, Doy, Yeor                      |  | ACE OF INJURY (Hame, form,   20f. (City or tawn  |                                       |
| AMINE of the central three cen | AED!          | Haur o.m.   | White Not White for                        | ctory, street, office bldg., etc.)   | 4.6                                   |
| 7 2 0 2 0  |               | G = p.m. 19   | otwork otwork                              |  |                                       |
| Epi(AL E) ase execut inector. Pag ained far y IRECTOR: P   |               | 21. I certify that I taak charg                           | e af the remains described abave, h        | ield an Autapsy 🔲 , 🛮 Inspection 🔀 🗘 📗   | nquiry 🔼 and in my apiniar            |
| g S G G G G G G G G G G G G G G G G G G  |               | death resulted fram: Natur                                | al causes . Accident . Sui                 | icide Hamicide Undetermined  | manner 🗍                              |
| MEDIC<br>olease<br>directo<br>etainec<br>DIRECTO   |               |   | / Bagnard /                                | CHIEF MEDICAL EXAMINER   |                                       |
| MEDI<br>please<br>direct<br>retaine<br>DIREC<br>ts design  |               | ACTUAL CLASSICS   | 5-Ball.                                    | M.D. ASSISTANT MEDICAL EXAMINER .  | 22. DATE SIGNED                       |
| A A L  |               | SIONATURE   |  |  | 1111,                                 |
| essary, p<br>funeral<br>ay be re<br>JNERAL<br>Ith or its   |               | EXAMINER'S NAME (Type) JOHN G.                            | BALL 7936 Old George                       | etown Adures (Street, city, tawn, ar county)   | 11/66-                                |
| necessary, please exect the funeral director. Po 5 may be retained far to FUNERAL DIRECTOR: Health or its designate  |               |   |  | Audiess (Sileer, City, Tawn, ar caunty)  |                                       |
| O D D The S m S m Heal   | 230           | BURIAL (REMATION, 23b. DATE TH                            | 1 ( , )                                    |  |                                       |
|  | -             | 7- 1-   | 66 V.ol Md. W                              | led SCHOOL BALLIMO   | RE Md.                                |
| 0  |               | FUNERAL DIRECTOR 133                                      | l RockvilleADBESke                         | 25o. REC'D BY REGISTRAR 2Sb.   | REGISTRAR'S SIGNATURE                 |
| VR A15ME (5)   |               | TOUN WHEER LEK  | kville. Marvland                           | DAFEEB 14 1966   | Charles Judges                        |

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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02608

|   | Chi.  |                     |                              |           |   |                        |  |                          |                        | 0                  |  |
|---|---|---------------------|------------------------------|-----------|---|------------------------|--|--------------------------|------------------------|--------------------|--|
| 1. PLACE OF DEATH<br>o. COUNTY<br>Mo                  | ntgomery  |                     | MARY                         | YLAND     | 2. USUAL RESIDENCE (W<br>o. STATE<br>Mary                             |                        | l lived. If institutio<br>b. COUNTY        | n: Residence be<br>Montg |                        |                    |  |
| b. CITY OR TOWN<br>RURAL ond give<br>Bethe            | (If outside corporate limits<br>nearest tawn)<br>Sda  | s, write            | c. LENGTH OF STAY IN 16      |           | c. CITY OR TOWN (If autside corporate limits, write RURAL of Bethesda |                        |  |                          | and give nearest town) |                    |  |
| d. NAME OF HOSP<br>OR INSTITUTION<br>6033 Avo         |   | ve street o         |                              |           | d. STREET ADDRESS 6033 Avor   |                        |  |                          | ON                     | SIDENCE<br>A FARM? |  |
| 3. NAME OF DECEASED (Type or print)                   | Firs<br>VIOI  |                     | MAE (KE                      | LLER      | Last<br>WALKER  | 4. DATE<br>OF<br>DEATH | 7 Ment                                     | h /.                     | Day                    | Year<br>196        |  |
| S. SEX  | 7.7   | 7. MARRI<br>WIDOWEI | ED NEVER MARRI               | ED [ 8.   | DATE OF BIRTH January 16,   |                        | 9. AGE (In years last birthday)<br>83 yrs. | Manths Doy               |                        | ER 24 HR           |  |
| Bookkee   | ION (Give kind af wark d<br>Irking life, even if retired)<br>per  |                     | ablic Util                   | OR INDUST | Indiana   | ar foreign co          |  | 12. CITIZEN              | S.A.                   | COUNTR             |  |
| 13. FATHER'S NAME                                     | is Keller   |                     |                              |           | Mollie N  |                        | ) a to b                                   |                          |                        |                    |  |
|   | YER IN U. S. ARMED FORCE<br>(If yes, give war or dates of sec   | rvice)              | OCIAL SECURITY NO 20-44-4532 |           | nryetta Wall  |                        | 60 3 <sup>A</sup> 3 <sup>dr</sup>          | Ävon Dr<br>sda, Md       | ive                    |                    |  |
| gove rise ta<br>cause (a), statin<br>lying cause lost | Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (c)   |                     |                              |           |   |                        |  |                          |                        | w                  |  |
| S XW  | PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES N  20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 af 1 af 1 af 1 am 18.) |                     |                              |           |   |                        |  |                          |                        |                    |  |
| -   | IG CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Yea  | r 20d. IN           | JURY OCCURRED  Nat while     | 20e. PLAC | E OF INJURY (Hame, forry, street, affice bldg., etc.                  | n, 20f. (City          |  | (Cauni                   | у)                     | (Sta               |  |
| 21. I certify th                                      | nat (I) (this has a tal)  |                     | 1 //                         |           | 195619<br>ath accurred affect   | A from                 | Alto 31.                                   |                          |                        |                    |  |
| 22c. PHYSICIAN'S<br>NAME (Type)                       |   | LA                  | ND ND                        | М         | D. ATTENDING DO                   | RED. IRECTOR [         | STAFF PHYS.   Wishus                       | 200                      | 16<br>De               | 2/-                |  |
| 23a. BURIAL, CREMAT<br>REMOVAL (Specif                | 23b. DATE THEREO  | F                   | 23c. NAME OF CEM             |           | CREMATORY   |                        | TION (City, tawn, a                        |                          | (Sto                   | te)                |  |
| 24. FUNERAL DIRECTO                                   | r's signature<br>ler Funeral  | Home                | 1331 Rocky<br>Rockyille      | ville     |   | B BY REGIST            |  | TRAR'S SIGNAT            |                        | د                  |  |

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

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|                | Divisio                             | n of STATISTIC             | AL RESEAF      | RCH AND RECO            | RDS, 301    | W. PRESTON S                                 | STREET, B      | ALTIMOR        | E, MARYL          | AND 21      | 201        | 33.0            |
|----------------|-------------------------------------|----------------------------|----------------|-------------------------|-------------|--|----------------|----------------|-------------------|-------------|------------|-----------------|
| 02             | 842                                 |                            |                | CERTI                   | FICATE      | OF DEATH                                     | 1              |                |                   |             |            | 02609           |
| . PLACE OF D   | EATH                                |                            |                |                         |             | 2. USUAL RESIDEN                             | ICE (Where o   | deceased live  | ed, if institut   | on: Resider | nce before | odmission       |
| 22             | onlas                               | mery_                      |                | MAI                     | RYLAND      | marin  | lan            | el             | The               | nce         | Tes        | rylo            |
| b. CITY OR     | TOWN (If ootside<br>RAL and give ne | carparate limits,          |                | c. LENGTH OF STAY       | IN 1b       | c. CITY OR TOWN                              | •              | Appro.         |                   |             |            | town)/          |
| 21             | her                                 | La                         | 100            | 4700                    | dys         | Steat  | They           | alle           | rel               | le          | 1 11       | 0-06            |
| d. NAME OF     | HOSPITAL OR IN                      | STITUTION (If not in       | haspital, giv  | e street oddress)       | /           | d. STREET ADDRESS                            |                |                |                   | ,           | 6          | ON A FARM?      |
| de             | du                                  | chan                       | 1              |                         |             | 5902   | 3100           | - Con          | en ap             | 1.31        | 16 Y       | ES NO           |
| NAME OF        |                                     | First                      |                | Middle                  |             | Last   | 4. D.          |                | Mont              | h           | Doy        | Year            |
| (Type or pri   | nt) (                               | Veller                     | in             | 11 kl                   | terzu       | alkers.                                      | 0              | EATH           | 2                 |             | 15         | 19 66           |
| SEX            | 6. COL                              |                            | MARRIED 7      | NEVER MARRI             |             | . DATE OF BIRTH                              | 1              |                | (In years         | IF UNDER    |            | IF UNDER 24 HRS |
| mal            | 2. C                                | zev                        | WIDOWED [      | DIVORC                  | ED 🗍 🦻      | 3/10/1                                       | 4              | 1051           | birthday)<br>yrs. | Months      | Days       | Hours Min.      |
|                | UPATION (Give ki                    |                            |                | OF BUSINESS OR          |             | 11. BIRTHPLACE (Co                           | ounty & State  | , ar foreign c |                   | 12. CI      | TIZEN OF   | WHAT            |
| ing most of    | warking life, even                  | if retired)                | Deli           | catteson                | Prodt       | MIRLEY                                       | HILL           | grey           | A.                | 00          | OUNTRY?    | 4               |
| FATHER'S I     |                                     | Valukiew                   |                | -4                      | ĺ           | 14. MOTHER'S MAI                             | DEN NAME       | 12. 0          | 0                 |             |            |                 |
| lin            | 12/1/X                              | XXXXXXXXXXXX               | XXXXXXX        | XXXXXX                  | 4.00        | Famo   | 101            | 1              | 10/1              | no          | 112        |                 |
| WAS DECEA      | SED EVER IN U.S.                    | ARMED FORCES?              | 16. SC         | CIAL SECURITY NO.       | 17. 1       | NFORMANT                                     |                | 100            | Addre             | ss / /      | 147        | W.W.            |
| es, no, or unk | nawh) (If yes gi                    | ve war or dates of se      | rvice) 2       | 15 10 74                | 100         | La Char                                      | 360            | DAM            |                   | , 70        | 1/1        | Dy              |
| T 10 CAUS      | E OF DEATH (Co                      | ter anly one cause         |                | 0 1                     | 30 /        | acco   | Ju             | cou            | ruce              | 0 000       | INTE       | RVAL BETWEEN    |
|                | I DEATH WAS                         | AUSED RV.                  |                |                         |             |  |                |                |                   |             |            | ET AND DEATH    |
| 5              | 811 IN                              |                            | Mass           | ive gast                | re-int      | estinal                                      | nemer          | chage          |                   |             | -          |                 |
| Conditions     | , if ony, which o                   | DUE TO                     | Pun            | tured es                | anhare      | al vario                                     | 96             |                |                   |             |            |                 |
| rise to im     | mediate cause                       | (a), ( DIE TO              | Titalo         | oursa obt               | 5           | THE VALLE                                    | J 69           |                |                   |             |            |                 |
| stating th     | e underlying co                     | use (c)                    | Lee            | nnec's e                | irrhes      | is of the                                    | e live         | 30             |                   |             | 1          |                 |
|                | THER CICARECAN                      |                            |                |                         |             | HE TERMINAL DISEAS                           |                |                | DADT 1/a)         |             | 10         | WAS AUTOPSY     |
| PART II. U     | THEK SIGNIFICAN                     | CONDITIONS CONT            | KIBUTING TO    | DEATH BUT NOT K         | ELATED TO T | HE TERMINAL DISEAS                           | E CONDITION    | I GIVEN IN I   | AKI I(a)          |             |            | PERFORMED?      |
|                |                                     |                            | L and a second |                         | 0.55110050  |  | 1.0.11         | 0 . 11 . 1     | 1. 101            |             | YE         | S NO            |
|                | ENT WAS UNDERLIBUTING (AUS          |                            | 20b. DESC      | KIRE HOW INJURY         | OCCURRED. ( | Enter noture of injut                        | y in Port I d  | or Port II of  | item IB.)         |             |            |                 |
| ,              | NOTIFY MEDICAL                      |                            |                |                         |             |  |                |                |                   | - 10        |            | 40              |
|                | OF INJURY Mor<br>lour a.m.          | th, Day, Year              | While          | URY OCCURRED  Not While |             | E OF INJURY (Home, ory, street, office bldg. |                | 20f. (City     | or town)          | ((0         | ounty)     | (Stote)         |
| 10             | p.m.                                | 19                         | at work        | ot wark                 |             | 77   |                |                | 1,                | -           |            |                 |
| 21.            | certify that                        | (I) <del>(this begin</del> | al) attende    | ed the deceased         | d from      |  | , 196          | . 10           | evivar            |             | 66, the    | ot (1) (we) lo  |
| saw            | the deceased                        | l olive on ve              | 0,15           | 1966,                   | and that    | deoth occurred                               | d of           | PM, fro        | m couses          |             |            |                 |
| 220. 819       | 1911                                | . 17:4                     |                | 1                       |             | ATTENDING                                    | → MFD.         | _              | STAFF             | 22b. D      | ATE SIGNE  | ED /e/          |
| K              | , / Sla                             | ne Jez                     | geril          | 2                       | M.D         | . PHYS.                                      | MED.<br>DIRECT | OR L           | PHYS. L           | 0           | 2/13       | 166.            |
|                | SICIAN'S<br>AE (Type)               | 01.01                      | 0.+            |                         |             | 22d. ADDRESS                                 | . /            | And .          | anen              |             | Box        | Theoda          |
| // IVAN        | ur (type)                           | Blaine                     | ruzge          | raid                    |             | 180101                                       | 000            | onsin          |                   |             | /CEZ       | nio al          |
| . BURIAL, C    | REMATION,                           | 23b. DATE THERE            |                | 23c. NAME OF CE         |             | 9.5  |                |                | N (City or To     |             | (County)   | (Stote)         |
|                | (Specify)                           | Jeb 18,                    |                | Arlingt                 | on Na       | tional Ce                                    | meter          | 4. Ar          |                   |             | rgin       | ug .            |
| 4. FUNERAL     | DIRECTOR CL                         | me & wh                    | ser 8          |                         | gia A       | 250.   | REC'D BY R     | EGISTRAR       | 25b. R            | CUSTRAR'S   | SIGNATUR   | uda.            |
| Maria          |                                     | unhan                      | 0 5            | 1/1104 50               | Simo.       | Md   | FR 2           | 3 196          | id 1/             |             | 1          | 0               |

8434 Agring Avenue Silver Spring, Md.

250. REC'D BY REGISTRAR DAFEB 23 1966

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. abstrain and campletely filled in by the funeral ren blease remave carbon papers. Pages 1 and 2 ovar, and in any event, within 72 haurs after death. directar, page 3 shauld be detached far use as the burial-transit permit. Then a shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending about the formula to the first of the first o Page 4 may be retained by the hospital or attending physician.

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MERRICA Shimbadicas. ACT, OUR AND TOUR as Ing Lague to see house and real all and the second history and a 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| _ | _  | _ |    | - |  |
|---|----|---|----|---|--|
| U | 9  | C | 1. | 3 |  |
| U | 63 | U | *  | 0 |  |
| - |    |   |    |   |  |

CERTIFICATE OF DEATH

02610

|               | 0 40 0 2                              |   |                    | CERTITI              | CAIL   | OI PEAIII                        |                  |   | f            | 160       | 111                  |             |
|---------------|---------------------------------------|---|--------------------|----------------------|--------|----------------------------------|------------------|---|--------------|-----------|----------------------|-------------|
|               | PLACE OF DEATH                        |   |                    |                      | -      | 2. USUAL RESIDENCE (W            | here dece        |   |              | ce before | odmissio             | n)          |
|               | o. COUNTY<br>Montgo                   | m o 2077  |                    | MARYL                | AND    | o. SIATE<br>Marvlan              | d                | b. COUN                                       |              | ton       | merv                 | 7           |
| -             | b. CITY OR TOWN                       | (If outside comparate limit                     | s.                 | c. LENGTH OF STAY IN |        | c. CITY OR TOWN (If guts         |                  | rate limits write RUR                         |              |           |                      |             |
|               | write RURAL or                        | nd give nearest town)                           | ,                  |                      |        |                                  |                  |   | give         | -         | /                    |             |
| -             | Rockvi                                | TAL OR INSTITUTION (If no                       |                    | 18 mont              | ns     | Bethesd<br>d. STREET ADDRESS     | 1a               |   | 1-           |           | e. IS RESID          | ENCE        |
|               |                                       |   | ,                  |                      |        |                                  | - 27             | 70.7  |              |           | ON A FA              | ARM?        |
|               |                                       | c Valley  |                    |                      |        | 5632 Br                          | radle            | ey Blvd.                                      |              |           | YES                  | NO X        |
| 3.            | NAME OF<br>DECEASED                   |   | irst               | Middle               |        | Lost                             | 4. DATE<br>OF    |   |              | Doy       | Yeo                  |             |
|               | (Type or print)                       | Or  | а                  | Ann                  |        | Ward                             | DEATH            |   |              |           | 19 6                 |             |
| S.            | SEX                                   | 6. COLOR OR RACE                                | 7. MARRIED         | NEVER MARRIED        |        | B. DATE OF BIRTH                 |                  | 9. AGE (In yeors<br>lost birthdoy)<br>96 yrs. | Months 1     | YEAR Dovs | IF UNDER<br>Hours    | 24 HRS.     |
|               | Female                                | White   | WIDOWED 3          | DIVORCED             |        | May 2, 186                       | 9                | 96 yrs.                                       | Monnis       | Doys      | 110013               | min.        |
| 100           | . USUAL OCCUPATIO                     | N (Give kind of work done                       | 10b. KIN           | D OF BUSINESS OR     |        | 11. BIRTHPLACE (County &         | Stote, or f      | foreign country)                              | 12. CIT      | IZEN OF   | WHAT                 |             |
| dui           | House                                 | life, even if retired)                          | INDI               | USTRY                |        | Pennsylva                        | nia              |   | - cq         | J.S       | .A.                  |             |
| 13.           | FATHER'S NAME                         | 1120  |                    |                      |        | 14. MOTHER'S MAIDEN NA           |                  |   |              |           |                      |             |
|               | Oren                                  | Hook  |                    |                      |        | Sarah                            | cord             | lelia Je                                      | fford        | ds        |                      |             |
| 15            |                                       | ER IN U.S. ARMED FORCES?                        | I 16 SC            | OCIAL SECURITY NO.   | 17. 1  |                                  |                  |   |              |           |                      |             |
| (Y            | es, no, or unknown)                   | (If yes give wor or dotes of                    | of service)        |                      | M.     | rs. John L                       | Del              | 1avo 563                                      | 2 Br         | adl       | My B                 | lvd         |
| -             |                                       |   |                    |                      | 7      | LOS COMIT Z                      | 20-              | -aj -, Der                                    | negu         |           |                      |             |
|               |                                       | DEATH (Enter only one cou<br>ATH WAS CAUSED BY: | use per line for ( | o), (b), ond (c).)   | ,      | . , ,                            | 7.               | ,   |              |           | ONSET AND DEATH      |             |
|               | 500                                   | IMMEDIATE CAUSE                                 |                    | we con               | -T     | in I years                       | Tai              | lune  |              | 2         | 6:20                 | 33          |
|               | 000                                   | DUE   | TO                 |                      |        |                                  |                  |   |              |           |                      |             |
|               | Conditions, if one<br>rise to immedia | te couse (a)                                    | (b) Cec 22         | Te Inac              | hos    | bronches to                      | SL.              |   |              | .5        | 1.10                 | 77          |
|               | stoting the und                       |   | ТО                 |                      |        |                                  |                  |   |              |           |                      | /           |
|               | last.                                 | , ,   | (c)                |                      |        |                                  |                  |   |              |           |                      |             |
| ×             | PART II. OTHER S                      | IGNIFICANT CONDITIONS C                         | ONTRIBUTING TO     | DEATH BUT NOT RELA   | TED TO | THE TERMINAL DISEASE COND        | DITION GIV       | VEN IN PART 1(o)                              |              | 19.       | WAS AUTO<br>PERFORME | IPSY<br>ED? |
| CATIO         | Herre                                 | sel el li                                       | enterin            | seleroses.           |        |                                  |                  |   |              |           |                      | NO 🗹        |
| CERTIFICATION |                                       | AS UNDERLYING                                   | 20b. DESC          | CRIBE HOW INJURY OCC | URRED. | (Enter nature of injury in Pe    | ort I or Po      | ort II of item 1B.)                           |              |           |                      |             |
|               |                                       | G 🗀 CAUSE OF DEATH Y MEDICAL EXAMINER)          | S. 18 T            |                      |        |                                  |                  |   |              |           |                      |             |
| MEDICAL       | 20c. TIME OF IN.                      | JURY Month, Doy, Yeor                           |                    |                      |        | CE OF INJURY (Home, form,        |                  | (City or town)                                | (Cou         | intγ)     | (5                   | Stote)      |
| MEC           | Hour o                                | .m. 19  | While of work      | Not While of work    | toct   | ory, street, office bldg., etc.) |                  |   |              |           |                      |             |
|               |                                       |   |                    |                      | ram -  | 66 13 , 19                       | 9/16.            | to + 6 23                                     | . 19 6       | 6. th     | at (1) (s            | we) last    |
|               | saw the o                             | deceased alive an                               | 6.22               | 19/6, 0              | nd tha | t death accurred at              | 1:3.A            | M, fram causes                                | and an tl    | ne date   | e stated             | abave.      |
|               | 22o. SIGNATURE                        |   | OF                 |                      |        |                                  | MED              | CTAPP   | 22b. D/      | ATE SIGN  | ED                   |             |
| Н             | 6                                     | it fon K  | Man                | 1 24 0               | M.I    |                                  | MED.<br>DIRECTOR | STAFF PHYS.                                   | 1 2/         | 23        | 116                  |             |
|               | 22c. PHYSICIAN                        |   | 1                  |                      |        | 22d. ADDRESS                     | - Ta             |   | 1 0          |           | -                    | 0           |
|               | NAME (Type                            | a) (lifton                                      | K G                | RUYER                |        | 9151                             | 19               | STNW  | Wa           | 54        | 11                   |             |
| 230           | . BURIAL, CREMAT                      | ION, 23b. DATE TH                               | EREOF              | 23c. NAME OF CEMET   | ERY OR | CREMATORY                        | 23d. L           | OCATION (City or Tox                          | wn)          | (County)  | (St                  | tote)       |
|               | REMOVAL (Specif                       | 2-25-1  | 966                | Book Cn              | 001-   | Cemetery                         |                  | Noglod was                                    |              | D         | ~                    |             |
|               | 4. FUNERAL DIRECT                     |   | 1                  | ADDRESS              | ECK    | 250 PECD                         | BY REGIS         | Washingt<br>TRAK 250 RE                       | GISTRAR'S SI | GNATUR    | P 8                  |             |
| 10            | es . H.                               | Vo es de  | n & m              | 51307                | we     | TATE B                           | 28               |   | iarla        | . 0       | 200                  |             |

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in my event, within 72 haurs after defined. Page 4 may be retoined by the hospitol or attending physician.

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## IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death chilificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled him prior to burial, cremation, or removal, and in any event, within 72 hours after death. eath certificate be executed within 24 hours after OH

VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

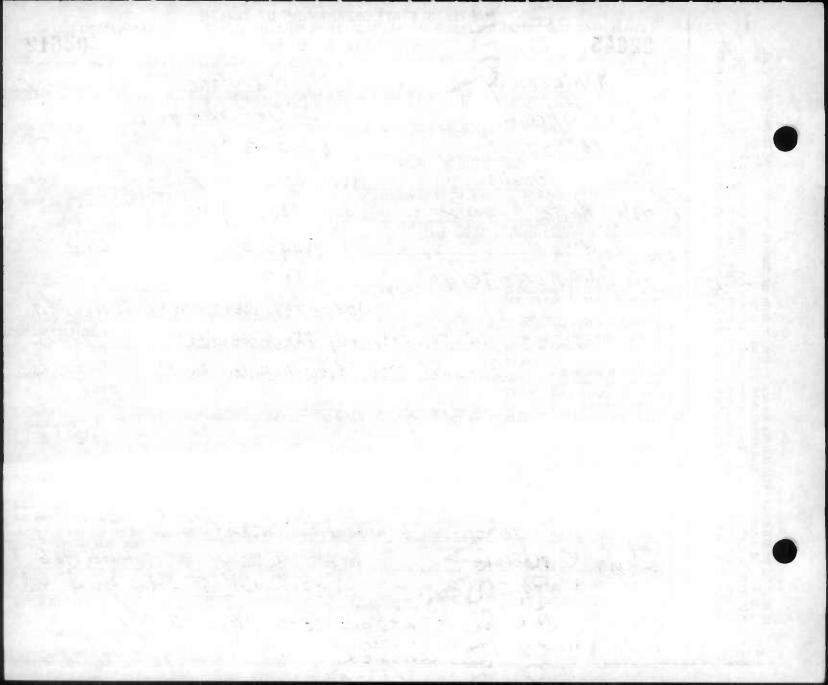
|               | 02644   | CERTIFICA                   | IE OF DEATH   |                                   | 12071                              |
|---------------|---|-----------------------------|---|-----------------------------------|------------------------------------|
| 1.            | PLACE OF DEATH  |                             | 2. USUAL RESIDENCE (When  |                                   | esidence before admission)         |
|               | MONTGOMERY  | MARYLAND                    | . STATE MARYLAN   | D MONTGO                          | MERY /                             |
|               | b. CITY OR TOWN (if outside corporata limits,   | c. LENGTH OF STAY IN 16     |   | corporate limits, write RURAL and |                                    |
|               | write RURAL end give nearast town) TAKOMA PARK  | 35 days                     | TAKOMA F  | ARK                               | 16-2                               |
|               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp  | pitel, give street eddress) | d. STREET ADDRESS   |                                   | e. IS RESIDENCE                    |
| /             | WASHINGTON SANITARIO  | 1M + HOSPMAL                | 7200 TRES   | COTT AVE.                         | YES NO                             |
| 3.            | NAME OF First DECEASED  | Middle                      | Last 4. DA'   | TE Month                          | Day Year                           |
|               |   | ELIZABETH                   | WAYLAND DEA   | ITH FEBRUAR                       | y 4 1966                           |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIE  | D NEVER MARRIED   8         | . DATE OF BIRTH   | 9. AGE (In years   IF UNDER 1     |                                    |
|               | FEMALE WHITE WIDOWE   | D DIVORCED                  | Nov. 30, 1908   | 57 yrs. Months                    | Days Hours Min.                    |
| 10<br>de      | e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)          | IND OF BUSINESS OR INDUSTR  | Y   11. BIRTHPLACE (County & State                              | o, or foreign country)   12. CITI | ZEN OF WHAT COUNTRY?               |
|               | Clerk   | C. GOVT                     | WISCONSIN   | U,                                | 5, A.                              |
| 13            | . FATHER'S NAME   |                             | 14. MOTHER'S MAIDEN NAME  |                                   |                                    |
|               | CHARLES HOFFMIRE  |                             | EMMA ROBE   | RTS                               |                                    |
| 15<br>(Y      | WAS DECEASED EVER IN U.S. ARMED FORCES?   16. es, no, or unkown)   (Ifyesgivewerordatesofsarvice) |                             | NFORMANT  | Address                           |                                    |
|               | No  | H                           | OSPITAL RECOI   | RDS                               |                                    |
|               | 18. CAUSE OF DEATH [Enter only one cause per li   | ine for (e), (b), and (c).] | 1 0 7   | · + ·                             | INTERVAL BETWEEN ONSET AND DEATH   |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  | nanition                    | & malnula   | lion                              |                                    |
|               | 1750 DUE TO   | ,                           | A- 1  | 011 1                             |                                    |
|               | Conditions, if any, which \ (b)   | rcinoma                     | loves - intra   | abdominal                         |                                    |
|               | gave rise to immediate causa (a), stating the underlying  DUE TO                                  | 0                           | 1   |                                   |                                    |
|               | cause last. (c) (dd   | enocarcino                  | una of the o  | vary                              |                                    |
| Z             | PART II. OTHER SIGNIFICANT CONDITIONS CON   | TRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERMINAL DISE                                  | ASE CONDITION GIVEN IN PART       | 1(a) 19. WAS AUTOPSY<br>PERFORMED? |
| \ E           |   |                             |   |                                   | YES NO                             |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING [] 20b. DES  | CRIBE HOW INJURY OCCURRE    | D. (Enter nature of injury in Part I or                         | Part II of item 18.)              |                                    |
|               |   |                             |   |                                   |                                    |
| WEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. I   |                             | CE OF INJURY (Home, farm, 20f. ory, street, office bldg., etc.) | (City or town) (Cour              | nty) (State)                       |
| MEL           | p.m. 19 EU al worl  |                             |   |                                   | 11                                 |
|               | 21. I certify that (1) (this hospital) altend   |                             |   |                                   |                                    |
|               | saw the deceased alive on Test  | 19.66, and that             | death occurred at 3:57.M, fi                                    | rom the causes and on th          |                                    |
|               | 22a. SIGNATURE  | 1                           | ATTENDING MED.  | _ STAFF _ O/                      | 22b. DATE<br>SIGNED                |
|               | Wilfred W 6 ass   | tran M                      | .D. PHYS. DIRECTOR  |                                   | 4, 1966                            |
|               | 22c. PHYSICIAN'S<br>NAME (Type)   |                             | 22d. ADDRESS  |                                   |                                    |
| =             | Ia. BURIAL, CREMATION, 23b. DATE THEREOF  | 23c. NAME OF CEMETERY       | OR CREMATORY 234  | LOCATION (City, town or county    | r) (State)                         |
| 23            | REMOVAL (Specify) BURIAL FEB. 8. 1966   | 0 11                        |   | ITLAND, MART                      |                                    |
| 24            | FUNERAL DIRECTOR'S SIGNATURE  | ADDRESS                     |   | GISTRAR 25b. REGISTRAR'S          |                                    |
| 17            | EE FUNERAL HOME 300   | 4th Sr. N.E.,               | een an  | 1000 Peliante                     | · Quedai                           |
| 15            | EL TUNENHL MONIL  | WASHING TON,                | O. C.   DATE B 7 []   | 12pp                              | And -                              |

The second secon

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

|  | ALTIMORE 1, MARYLAND   |
|--|--|
| 02645 CERTIFICATE OF DEATH   | 02612  |
| e. COUNTY MONTGOMERY MARYLAND a. STATE Mary/2019   | b. COUNTY Mont Goalery   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)  SIVET SPTIAG  C. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b)  C. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b)  C. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b)  C. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b)   | ilmits, write RURAL and give nearest (own)                           |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   | e. IS RESIDENCE  |
| 8502-16th 5t. 8502-16th 5t.  | ON A FARM? YES NO  |
| 3. NAME DF DECEASED (Type or print)  Hine(1a)  Middle  Veinberg  4. DATE DF DEATH P  | Seb. 5 Day Year 1966   |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE last   Sex   1883   83  | (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   yrs. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or for INDUSTRY)   | eign country) 12. CITIZEN OF WHAT COUNTRY?                           |
| 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)   | Address MJ   |
| Joseph Mi Vveindel   | G-Potomac, Md.   |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OR OF THE CAUSE (b)  A CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).]   | ONSET AND DEATH  |
| 4201 DUE TO A 124 A . No. 24 1' 24 1'  | 104:0  |
| Conditions, if eny, which geve rise to immediate cause (a), stating the DUE TO   | lesse 10 years   |
| underlying cause last. (c)   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I of OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO               |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I of OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | or Part II of Item 18.)  |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m., p.m. 19 at work at work factory, street, office bidg., etc.)  | or town) (County) (State)  |
| p.m. 19   at work   at work   21.   certify that ( ) (this hospital) attended the deceased from June 1955, 19, to de   | 1-5 1966 that (1) (we) last  |
| saw the deceased alive on 1214, 1966, and that death occurred at 12.10 AM, from the  | ne causes and on the date stated above.                              |
|  | TAFF DEL SIGNED HYS. DATE SIGNED                                     |
| 22c. PHYSICIAN'S NAME (Type) SIMON C. Weiner 8201-16 4 ST.   | Silver Spring and  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. LOCA | ON/(City, town or county) (state)                                    |
| 24. FUNERAL DIRECTOR ADDRESS 21/44/ 25a. REC'D BY REGISTRAR  | 25b. REGISTRAR'S SIGNATURE   |
| Bi Dangansky resours 3501-14 Street 10 1966  | Charles Judge  |

VR A15 (4) 15M 4-64



and completely filled in by the funeral emove carbon papers. Pages 1 and 2. any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1.            | PLACE OF DEATH a. CDUNTY MONTBOMERY MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admirsion) a. STATE b. COUNTY  |
|---------------|---|---|
| 5             | b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  1 Ver SPRINE  4 Mexts 15 Les          | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  |
| 7             | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS  1516 SKAggsville Rd.   e. IS RESIDENCE DN A FARM?  1516 SKAggsville Rd.   YES   ND   |
| 3.            | NAME OF First Middle DECEASED (Type or print)   | hittoker DEATH 2 - 5 1966   |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO DIVORCED DIVORCED   | 8. OATE OF BIRTH  9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.  1-3/-  75  9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.  Months Days Hours Min. |
| 10a<br>dur    | . USUAL OCCUPATION (Give kind of work done lob. KIND DF BUSINESS OR ing most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
| 13.           | HOUSE WITE HOME   | 14. MOTHER'S MAIDEN NAME  |
| 15            | WILLIAM D BURTON WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 1 12                                   | Mary Elin JACKSON   |
| (Ye           | WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)                        | ohn Whittaker Laurel Md.  |
|               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY:                  | INTERVAL BETWEEN OUSET AND DEATH  |
|               | 444 DUE TO  | umorea - day  |
|               | Conditions, If any, which gave rise to immediate (b)  | ireoselerosis -   |
|               | cause (a), stating the DUE TD underlying cause last.  | 2111  |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELA  | PERFORMED?  |
| LIFIC/        | 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU  | RRED. (Enter nature of Injury in Part I or Part II of Item 18.)   |
|               | DR CONTRIBUTINC ☐ CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |
| MEDICAL       |   | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)  |
| ME            | p.m. 19 at work at work   |   |
|               | 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966, and that              | death occurred at 6 M, from the causes and on the date stated above.  |
|               | 22a. SICNATURO  | ATTENOINC MEO. STAFF  |
|               | 22c. PHYSICIAN'S NAME (Type) P P W and the M.O.   | D. PHYS. OIRECTOR PHYS.     22d. ADDRESS  |
|               | D.P. WARREN   | favored met   |
| 23a           | BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY  | la Cem 23d LOCATION (City, town or county) (State)  |
| 24            | PUNERAL PIRECEOR  SULFALL PROPERTY ADDRESS MOL  | 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE DATE B 1 4 1966 Recistrar Judge  |

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THE SECOND SECON The state of the s 2 8 -6

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 2 haurs ofter death 0967.7

CERTIFICATE OF DEATH

02614

| UGURU  |                            |  |  | CACTA                                   |  |  |  |
|--|----------------------------|--|--|---|--|--|--|
| 1. PLACE OF DEATH  |                            |  | here deceosed lived, if institution: Residence | e before odmission)                     |  |  |  |
| o. COUNTY Montgomery   | MARYLAND                   | o. STATE   | arvland b. COUNTY Mont                         | gomery                                  |  |  |  |
| b. CITY OR TOWN (If autside carparate limits,  | c. LENGTH OF STAY IN 1b    | c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)   |  |   |  |  |  |
| write RURAL ond give negrest town) Bethesda (Rural)                                  | 14 days                    | Chevy Ch   |  | 5-1                                     |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi                           |                            | d. STREET ADDRESS  |  | e. IS RESIDENCE                         |  |  |  |
| U. S. Naval Hospital   |                            | 4311 Lel   | and St.  | ON A FARM? YES NO S                     |  |  |  |
| 3. NAME OF First   | Middle                     | Lost   | 4. DATE Manth                                  | Doy Year                                |  |  |  |
| DECEASED (Type or print) Ruth  | DeLorse WII                | LIAMSON  | OF Feb.  | 7 19 66                                 |  |  |  |
| S. SEX 6. COLOR OR RACE 7. MARRIED   | NEVER MARRIED              | B. DATE OF BIRTH   | 9. AGE (In yeors IF UNDER I                    |   |  |  |  |
| Female Cau. WIDOWED  | DIVORCED                   | April 16,19  |  | Days Haurs Min.                         |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIN                               | ID OF BUSINESS OR          | 11. BIRTHPLACE (County   | & State, ar fareign country) 12. CIT           | ZEN OF WHAT                             |  |  |  |
| during most of working life, even if retired) Store manager spec                     | iality store               | Buffalo.   | New York                                       | U.S.A.                                  |  |  |  |
| 13. FATHER'S NAME  |                            | 14. MOTHER'S MAIDEN N  | AME  |   |  |  |  |
| Nicholas S. DeLorse  |                            | Marie B  | iermann  |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO                                   | OCIAL SECURITY NO. 17. I   | NFORMANT   | Address Ch                                     | EWes colo                               |  |  |  |
| (Yes no or unknown) (If yes give wor or dates of service)                            |                            |  | UI.  | evy ChaseMd.                            |  |  |  |
|  | 14-36-1740 Cap             | t. Linusey   | WILLIAMSON, 43LL Le                            | land St./                               |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for ( PART I. DEATH WAS CAUSED BY: |                            | de la constanta de la constant |  | ONSET AND DEATH                         |  |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carci                               | noma Left Bres             | ast with Met   | astases  |   |  |  |  |
| 110 X DUE TO   | 170 X DUE TO               |  |  |   |  |  |  |
| Conditions, if any, which gave ) (b)   |                            |  |  |   |  |  |  |
| rise to immediate couse (a), Stoting the underlying cause                            |                            |  | The second second                              |   |  |  |  |
| last. (c)  |                            |  |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO                                | DEATH BUT NOT RELATED TO T | HE TERMINAL DISEASE CON  | DITION GIVEN IN PART 1(a)                      | 19. WAS AUTOPSY                         |  |  |  |
| ATIO   |                            |  |  | PERFORMED? YES 7 NO                     |  |  |  |
| 20b. DESTORED TIME OF INJURY Month, Day, Year Hour o.m.                              | CRIBE HOW INJURY OCCURRED. | Enter noture of injury in F  | Part I ar Part II af item 1B.)                 |   |  |  |  |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)   |                            |  |  |   |  |  |  |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJ  |                            | E OF INJURY (Home, form  | , 20f. (City or town) (Cou                     | nty) (Stote)                            |  |  |  |
| Haur o.m. While at wark  |                            | ary, street, affice bldg., etc.)   |  |   |  |  |  |
| 21. I certify that (this hospital) offend  |                            | Jan 24 1   | 9 66 to Feb. 7 . 196                           | 6. that (t) (we) lost                   |  |  |  |
| 21. I certify that (this hospital) ottend saw the deceased elive on                  | 19 66, and that            | deoth occurred of  | 715AM, from couses and on the                  | e date stated above.                    |  |  |  |
| 22a. SIGNATURE   | 2                          |  | 22b. DA  | TE SIGNED                               |  |  |  |
| XV. G. / Kursk   | leaves M.C                 |  | MED. DIRECTOR D STAFF PHYS. XX Feb             | . 7,1966                                |  |  |  |
| 22c. PHYSICIAN'S   |                            | 22d. ADDRESS   |  | 1,,=/=-                                 |  |  |  |
| NAME (Type) H. E. Christense   | en, M.D.                   | U.S. Na  | val Hospital, Bethe                            | sda. Md.                                |  |  |  |
| 23o. BURIAL, CREMATION, 23b. DATE THEREOF  | 23c. NAME OF CEMETERY OR C |  |  | (County) (State)                        |  |  |  |
| REMOVAL (Specify) 2-10-1966  | Arlington N                |  | Arlington, Vir                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |
| 24. FUNERAL DIRECTOR   | ADDRESS                    | 2Sa. REC'D   | BY REGISTRAR 2Sb. REGISTRAR'S SI               | GNATURE                                 |  |  |  |
| Joseph Gawler & Sons 5130  | Wisconsin Ave              | . N.W. DATEEB  |  | y Judge                                 |  |  |  |
|  | ton, D. C.                 | DARE L. C  | 1 - 1000                                       | 0 0                                     |  |  |  |

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02548

| CERTIFICATE | OF | DEATH |
|-------------|----|-------|

02615

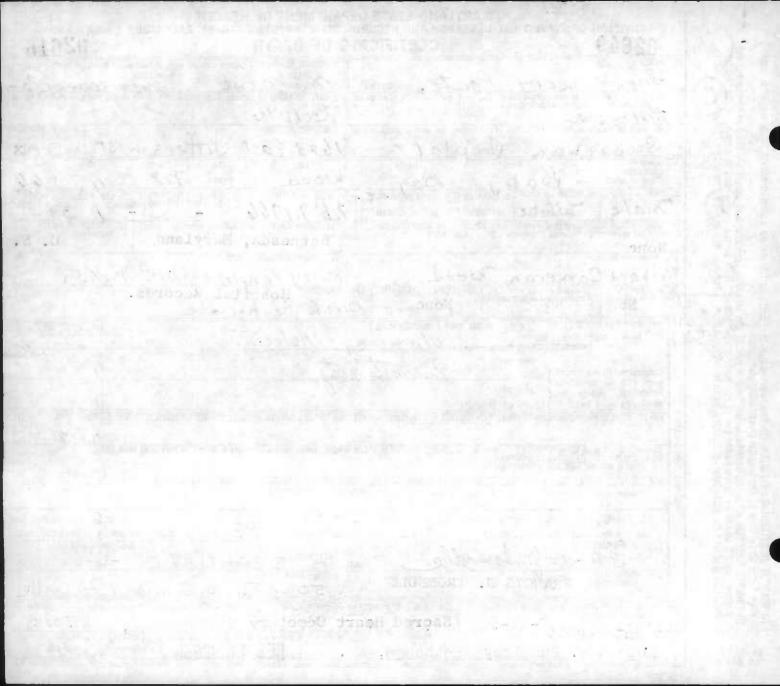
|             | ONOTO  |                                   |   |   | Reg. Dist. 140.     | 0 2 17          |  |  |  |
|-------------|--|-----------------------------------|---|---|---------------------|-----------------|--|--|--|
| 1           | DIACE OF DEATH O. COUNTY Montgomery  | MARYLAND                          | O STATE   | here deceased lived. If instituting ton, Db. COUNTY |                     | e admission)    |  |  |  |
| Marie I     | b. CITY OR TOWN (If outside carporote limits, write<br>RURAL and give nearest town)                                | c. LENGTH OF STAY IN 16  2 months |   | outside corporate limits, write I                   | RURAL ond give nea  | rest tawn)      |  |  |  |
| -           | Silver Spring  |                                   | Washingto   | n, D. C.  | 4                   | 7-3             |  |  |  |
|             | d. NAME OF HOSPITAL (IF not in hospitol, give street of OR INSTITUTION 3912 Joliet Steet                           | oddress)                          | d. STREET ADDRESS   | C+ + M /11  |                     | ON A FARM?      |  |  |  |
| 1           |  |                                   | 6316 2nd  |   |                     | YES NO          |  |  |  |
| 3           | NAME OF DECEASED (Type or print)  Esther   | Middle<br>Helen                   | Wolfe   | 4. DATE MODE OF DEATH                               | nth Day             | 1966            |  |  |  |
|             | female   6. COLOR OR RACE   7. MARR   WIDOWE   | IED NEVER MARRIED DIVORCED        | B. DATE OF BIRTH April 3. 1893                                | 9. AGE (In years lost birthday) 72 yrs.             | Months Days         | Hours Min.      |  |  |  |
| Ī           | Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)                    |                                   |   | or foreign country)                                 | 12. CITIZEN O       | F WHAT COUNTRY  |  |  |  |
|             |  | S. Gout                           | Wiehle, U   | irginia   | U.S.A               | 7.              |  |  |  |
| 1:          | 3. FATHER'S NAME   |                                   | 14. MOTHER'S MAIDEN   | NAME  |                     |                 |  |  |  |
|             | Thomas A. Coulter  |                                   | Emma 2. Br  | adford  |                     |                 |  |  |  |
| 1           | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  | SOCIAL SECURITY NO. 17. I         | NFORMANT  | Ado   | 1832 Metze          | anatt DJ        |  |  |  |
|             | Yes, no, or unknown) (If yes, give war ar dates of service) 57   | 78-32-5689 M.                     | rs. E. Lucill   | e Bancrott. A                                       | Idal nhi            | land and        |  |  |  |
|             | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  |                                   |   |   |                     |                 |  |  |  |
| Н           | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   | ACUTE PU                          | LMONARY   | EDEMA   | UNSI                | HOURS           |  |  |  |
| ı           | 443X DUE TO  |                                   |   |   |                     |                 |  |  |  |
| L           | Conditions, if ony, which ) (b)  | CONGESTIVE                        | = KEART F   | MILURE  | C                   | 3 YEARS         |  |  |  |
| ı           | gove rise to immediate DUF TO  |                                   |   |   |                     |                 |  |  |  |
| Г           | lying couse last. (c)  | YPERTENSI                         | IE CARDIN   | VASCULAR U  | 11SCHE              | 15 YEAR         |  |  |  |
| CATION      | PART II. OTHER SIGNIFICANT CONDITIONS  | CONTRIBUTING TO DEATH BUT         | NOT RELATED TO THE TERM                                       | INAL DISEASE CONDITION GI                           | VEN IN PART 1(a) 19 | PERFORMED?      |  |  |  |
|             |  | ES MELL                           | 1705  |   |                     | YES NO          |  |  |  |
| 750715      | 20g. ACCIDENT WAS UNDERLYING 20b. DESC<br>OR CONTRIBUTING 2 CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE          | D. (Enter nature of injury in                                 | Port I or Port II of item 18.)                      |                     | Charles and the |  |  |  |
| A CALCOLD A | 20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 of work   | Not while for                     | ACE OF INJURY (Home, form<br>story, street, office bldg., etc | n, 20f. (City or tawn)                              | (County)            | (Stote)         |  |  |  |
| 1           | 21. I certify that I attended the decease  | ed from TULY                      | , 1953, to F  | EB 10 , 1966  | 2. that I last sa   | w the deceased  |  |  |  |
|             | alive on FB 8 , 19 (   | 6, and that death                 |   | M, fram the causes                                  |                     |                 |  |  |  |
|             | 2001   |                                   |   | ADDRESS (Street, city or town,                      |                     | DATE SIGNED     |  |  |  |
|             | SIGNATURE Solvery L. T.  | relimant                          | M.D. 7733 A   | 2 ASKA ALEW   | E NW                | For 1019        |  |  |  |
|             | BHACICIANI,  | PICHMAR                           | WASA  | HAGTON DC   | 2000                |                 |  |  |  |
| 2           | 20. BURIAL, CREMATION, 226. DATE THEREOF   | 22c. NAME OF CEMETERY O           | R CREMATORY   | 22d. LOCATION (City, town,                          | or county)          | (Stote)         |  |  |  |
| 0           | REMOVAL (Specify)  | 0 1 1                             | metery  | C   | uland               | (5.0.0)         |  |  |  |
| ) 2         | B. FUNERAL DIRECTOR'S SIGNATURE WISIT  | ADDRESS .                         | 240 PEC   |   | ISTRAR'S SIGNATUR   | E               |  |  |  |
| 3 4         | Jarner E. Pumphrey. Inc.   | Silver Spring                     | venue ONEB  | 1 4 1966 80   | harley Ju           | edges           |  |  |  |
| -           |  | July Objection                    | 111/2   | A 1000  | V/1                 | 11              |  |  |  |

ely filled in 67, the funeral director, Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page may be retained. The haspital or attending physician.

D FUNERAL DIRE WOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after degits. may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/\$7

| ALDEN            |              |                     | 143.5  |
|------------------|--------------|---------------------|--|
|                  | 5 W C        |                     |  |
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|                  |              |                     | Mask Jacks III   |
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| A DOOR SELECTION |              |                     |  |
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|                  |              |                     | A ALEXA  |
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|                  | Marin States | man of board        | Service Const. of Service Cons |
|                  |              | The Spilling war of |  |
|                  |              |                     |  |
|                  | ACCE MINES   |                     | The same of the same   |

| 1  |    | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY   | IAND                                |
|--|----|--|-------------------------------------|
| E TOWN   |    | 02649 CERTIFICATE OF DEATH   | 2616                                |
| death.   | 3  | 1. PLACE DF DEATH a. COUNTY b. COUNTY b. COUNTY  | e before admission                  |
| after after  | 1  | b. CITY OR TOWN (If outside corporate limits. 1 c. LENGTH OF STAY IN 16 c. CITY DR TOWN (If outside corporate limits, write RURAL and g.   |                                     |
| hours a  | 1  | write RURAL and give nearest town)   | -/                                  |
| 7 Se Se  |    | d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS   | e. IS RESIDENC<br>ON A FARM?        |
| ithin 22 steely fill within  | 10 | 3. NAME OF STIFFT MIDDLE Last 4. DATE Month Day  | YES NO Year                         |
| executed within and completely remove carbon range of the complete of the comp |    | DECEASED (Type or print) Baby Boy Wood DEATH File 11   | 1966                                |
| ecuted<br>no con   |    | 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR last birthday)   Months   Days   | Hours   Min                         |
| execution and and and and and and and and and an   | -  | 10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)  DIVORCED 11b 9, 1966 - yrs 1  11a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)  INDUSTRY  DIVORCED 11b 9, 1966 - yrs 1  11a. BIRTHPLACE (County & State, or foreign country) of the during most of working life, even if retired)  NOW THE WIDOWED 10b INDUSTRY 12b INDUS       | OF WHAT                             |
| physician<br>n please<br>val, and in   |    | None   during most of working ilfe, even if retired)   INDUSTRY   Bethesda, Maryland   COUNTR  | V. S.                               |
| death certificate e attending physi permit. Then ple ion, or removal, a  |    | 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  20. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |                                     |
| eath certifica<br>attending ph<br>ermit. Then<br>on, or removal  | -  | Richard Corneron Wood mary Penelope ME Maho 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSDITAL RECOTORS.   | 2                                   |
| eath<br>atte<br>ermii  |    | (Yes, no, or unknown) (If yes pive war or dates of service) None Birth Cestificate   |                                     |
|  |    | DART I DEATH WAS CAUSED DV.  | ERVAL BETWEEN<br>SET AND DEATH      |
| res that the physician. signed by t urial-transit  |    | IMMEDIATE CAUSE (a) PUI mois a Reg 17/10/00/19/19  | agys                                |
| physical physical signification in the significatio |    | Conditions, if any, which gave rise to immediate (b) (inemaliarity   |                                     |
| law requires that the ittending physician. has been signed by the burial-transit prior to burial, creman   |    | cause (a), stating the DUE TO  |                                     |
|  |    |  | . WAS AUTDPSY<br>PERFORMED?         |
| L 0 0 1 0  | 2  |  | ES XX NO                            |
| SICIAN<br>hospit<br>s certi<br>ached 1   |    | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |                                     |
| Det is be  |    | 20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 At work at wor | (State)                             |
| ING<br>d by<br>After<br>After<br>Stat  |    |  | Lat (I) (ma) la                     |
| ATTENDING<br>retained by<br>CTOR: After<br>should be<br>with the Star  |    | 21. I certify that (I) (this hospital) attended the deceased from 2 9 , 1966, to , 1966, to , 1966, to , saw the deceased alive on 2 // 1966, and that death occurred at 338 M, from the causes and on the da  | that (I) (we) Ia<br>ite stated abov |
| wm >   |    | 22a. SIGNATURE 22b. DATE S   | IGNED                               |
| TAL OR<br>RAL DIR<br>r, page   | 1  | 22c, PHYSICIAN'S 22d. ADDRESS  | ) (I                                |
| Z 4 T 2 T  |    | 50 W. Ed MONSTON Wr. Ro  | ckville                             |
| Page<br>TO FUN<br>direct<br>should   |    | 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial-trans, 2-12-66  Sacred Heart Cemetery Southampton. New   | (State)<br>York                     |
|  |    | 24. FUNERAL DIRECTOR SI COLORES ADDIESS ADDIES |                                     |
| VR A15 (4)<br>15M 4-64   |    | Robert A. Pumphrey Bethesda, Md. DAFEB 16 1966 fcliarles   | rage                                |
|  |    | 6-168413   |                                     |



MARYLAND STATE DEPARTMENT OF HEALTH 1265 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Mont gamer filled in by the funeral operation popers. Pages I operation 72 haurs ofter death deote be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ONTGOM MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) WASHINGTON 8 months Moryland e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 5932 YES NO P nev NURSING .d Convalesent NAME OF completely f pou Middle Last 4. DATE Manth Day DECEASED DORONOW -e b. 1966 (Type ar print) ANNIE DEATH ony event. LIF LINDER 24 HRS SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove last birthday) Months Doys Hours WHITE WIDOWED DIVORCED puo 10a LISUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) .= COUNTRY? ottending physicion overmit. Then pleose during most of working life, even if retired) NDUSTRY puo UJJIA S the deoth certificate hosewel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. hebsih HELLER 10 m 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 6001 MARQUETTERR permit. (Yes, na, or unknown) (If yes give war ar dates of service) PLAGET S WORDLOW BETHESON, MO ONE signed by the otter burial-transit perm burial, crematian, o INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY that IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or attending physician. DHE TO Conditions, if any, which gave rise to immediate cause (a), DUF TO has been stating the underlying cause os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Heolth NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH 10 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While at wark at wark 1966, that (1) (we) last 2]. I certify that (I) (this haspital) attended the deceased framework pluods , poge 3 should be filed with the saw the deceased glive an Title 3, 1966, and that death accurred at 3 P. M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23a. BURIAL CREMATION 23b. DATE THEREOF 23 NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sb. VR A15 (4) 20 M 1/66

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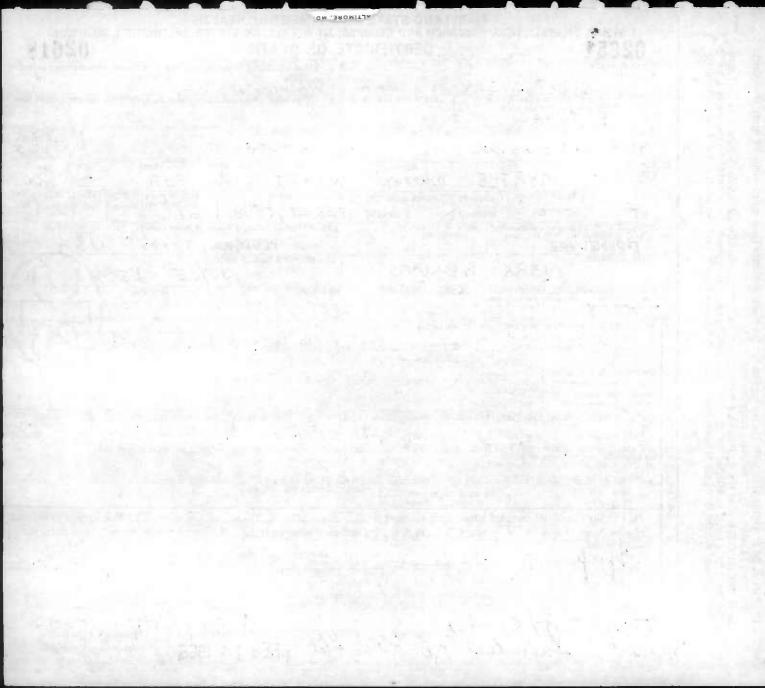
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSSI

|   |               | UACO                      | <u>1</u>   | 146              | DE CELLICION I               | L OF DEATH                      |                                 | U                      | ~0TC                 | 5              |
|---|---------------|---------------------------|--|------------------|------------------------------|---------------------------------|---------------------------------|------------------------|----------------------|----------------|
| 1 | 1.            | PLACE DF DEAT             | Н  | bem #O           | F12H #4713 6/                |                                 | (Where deceased lived, If inst  |                        | e before admir       | ission)        |
|   |               | u. 000////                | MONTGON  | IERY             | MARYLAND                     | a. STATE<br>WASHINGTO           | N D.C b. COUN                   | TY                     | V                    |                |
|   |               | b. CITY OR TOW            | N (if outside corporat                                 | e limits,        | C. LENGTH OF STAY IN 1b      |                                 | tside corporate limits, wri     | te RURAL and gl        | ve nearest t         | own)           |
|   |               |                           | OTOMAC   | "                |                              |                                 |                                 | 4                      | 7-3                  |                |
|   |               | d. NAME DF HO             | SPITAL OR INSTITUTIO                                   | N (if not In hos | spital, give street address) | d. STREET AOORESS               |                                 |                        | e. IS RESIDE         |                |
| 9 |               | 9119                      | MARSEILLE  | DR.              |                              | 3138 MILITAR                    | y RD, iv.w,                     |                        |                      | 0 2            |
|   | 3.            | NAME DF<br>DECEASED       | 14 \ / 17 =  | st               | Middle                       |                                 | DATE Month                      | Day                    | Year                 |                |
|   | -             | (Type or print)           | 141414   | ILE              |                              | WYATT                           | DEATH FEB,                      | 2                      | 1966                 |                |
| 1 | 5.            | SEX                       | 6. COLOR OR RACE                                       | 7. MARRIED       | MEASIN WALKER                | B. DATE OF BIRTH                | 9. AGE (In years last birthday) | Months   Oavs          |                      | 4 HRS.<br>Min. |
| A | !             | -                         | Negro  | WIDOWED          |                              | EB_27,189                       | 8 67 yrs.                       |                        |                      |                |
|   | 10a<br>duri   | ing most of work          | IDN (Give kind of work of<br>ing life, even if retired | ione 10b. Kir    | ND DF BUSINESS DR<br>DUSTRY  | 11. BIRTHPLACE (Count           | ty & State, or foreign country) | 12. CITIZEN<br>COUNTRY | OF WHAT              |                |
|   |               | 1000                      | TWIFE  |                  |                              | PLED                            | GER, TEXAS                      | US                     | A                    |                |
|   | 13.           | FATHER'S NAM              | MARK   | 1 1111           | LLIAMS                       | 14. MOTHER'S MAIOEN             |                                 | D                      |                      |                |
|   |               |                           | MITTIN   | · w              | CC1/1/1/1/                   |                                 | JOYCE I                         | SESS                   |                      |                |
|   |               |                           | EVER IN U.S. ARMED FO                                  |                  | OCIAL SECURITYNO.   17.      | INFORMANT                       | Addres                          | s                      |                      |                |
|   | ( ) (         | NO                        | (11 years was or discount                              | Sci viocy        |                              |                                 |                                 |                        |                      |                |
|   |               | 18. CAUSE DF              | DEATH [Enter only one                                  | cause per lin    | e for (a), (b), and (c).]    |                                 |                                 | INTE                   | ERVAL BETW           | EEN            |
|   |               | PART I. OI                | EATH WAS CAUSED BY:<br>IMMEDIATE CAUSE                 | (2) Mr.          | mine Reila                   | Q Bloo ling                     | of Undeler me                   | سف ONS                 | SET AND DEA          | АІП            |
|   |               | 578                       | OUE .  | 0.               | vae                          | 7                               | 0                               | i                      | weeks                |                |
| Н |               | Cenditions, If            | any which \  | (b)              |                              |                                 |                                 |                        |                      |                |
|   |               | gave rise to cause (a), s | Immediate (  |                  | In a same was                |                                 |                                 |                        |                      |                |
|   |               | underlying caus           | tating the   | (c)              |                              |                                 |                                 |                        |                      |                |
| 1 | NO.           | PART II. OTHER            |  |                  | TING TO DEATH BUT NOT RELA   | TED TO THE TERMINAL DIS         | EASE CONDITION GIVEN IN I       | PART 1(a)   19.        | WAS AUTD<br>PERFORME | PSY            |
|   | CERTIFICATION | Advone                    | of dressi  | - Caru           | inoma with                   | melostosis:                     | to Spinet.                      | Lungs YI               | ES ND                |                |
| 2 | TIF           | 20a. ACCIDENT             | WAS UNDERLYING   | 20b. Of          | ESCRIBE HOW INJURY OCCU      | IRREO. (Enter nature of In      | Jury in Part I or Part II of    | Item 18.)              |                      |                |
|   | CER           | (IF EITHER, NO            | ING CAUSE OF DEAT<br>TIFY MEDICAL EXAMIN               | IER)             |                              |                                 |                                 |                        |                      |                |
|   | CAL           |                           | INJURY Month, Day,                                     | rear   20d. IN.  |                              | CE OF INJURY (Home, farm        |                                 | (County)               | (Staf                | te)            |
|   | MEDICAL       | Hour a.i                  |  | While at work    | Not While at work            | ry, street, office bldg., etc.) |                                 |                        |                      |                |
|   | 2             |                           |  |                  | d the deceased from          | 3 28 106                        | L to Jan 26                     | 1066 +                 | hat (I) (we)         | last           |
|   |               |                           |  |                  | 19 66, and that              |                                 |                                 |                        |                      |                |
|   |               | 22a. SIGNATU              |  |                  | , and that                   | death occurred at               |                                 | 22b. DATE SI           |                      | 50.01          |
|   |               | Thi                       | Cleanin R.   | Then             | Qo M.C                       | ATTENDING ME                    | D. STAFF PHYS.                  | 2-7                    | -66                  |                |
|   |               | 22c. PHYSICIA             |  | 10               |                              | 1 22d. AODRESS                  |                                 | 2                      |                      |                |
|   |               | NAME (T                   | ype)   |                  |                              | 3326 6                          | -a Aue. N. le                   | ,                      |                      |                |
|   | 23a           |                           |  | HEREOF           | 23c. NAME OF CEMETERY        | DR CREMATORY                    | 23d LOCATION (City, to          | wn or county)          | - (State             | e)             |
|   |               | REMOVAL (Sp               |  | 166              |                              |                                 | Bay Cit                         | 4. le                  | xa5                  |                |
|   | 24            | FUNERAL PIRI              |  | 11               | ADDRESS /                    | 1// //                          | /3 /20                          | SISTRAR'S SIGN         | IATURE               |                |
|   | 1/            | obert 1                   | . snow   | der              | KOCKVIlle                    | Md. DEFB                        | 1 4 1966                        | iarles &               | usge                 |                |

VR AI5 (4) 20M 1/65



executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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| 1 | 1/ | MARYLAND STATE DEPARTMENT OF HEALTH  |
|---|----|--|
| h |    | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |

| MARYLAND | STATE | DEPARTM | LENT OF | HEALT |
|----------|-------|---------|---------|-------|

| 02652.   | TA                       | CERTIFICATE                   | OF DEATH  | mh                              | ()               | 2619                                     |
|--|--------------------------|-------------------------------|---|---------------------------------|------------------|--|
| 1. PLACE OF DEATH  •. COUNTY  Mov  | ntgomery                 |                               | 2. USUAL RESIDENCE (Who   | re deceesed lived, If i         |                  | ce before admission)                     |
| b. CITY OR TOWN (if outside co-<br>write RURAL end give neare<br>Silver Spring   | orporete limits, c       | MARYLAND LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside Washington.   |                                 | RURAL end give r | neerest town)                            |
| d. NAME OF HOSPITAL OR INS   |                          |                               | d. STREET ADDRESS   |                                 | T 1.7            | e. IS RESIDENCE<br>ON A FARM?<br>YES NO  |
| 3. NAME OF<br>DECEASED   | First<br>rjorie          | Middle                        | Last 4. DA  | Street N  TE Month  ATH Februa  | Dey              | Yeer 19 66                               |
| S. SEX 6. COLO   | TOR RACE 7. MARRIED [    |                               | 9/12/96 1895  | 9. AGE (In yeers last birthdey) |                  | IF UNDER 24 HRS. Hours Min.              |
| 10a. USUAL OCCUPATION (Giva done during most of working life, e  | kind of work   10b. KIND | OF BUSINESS OR INDUST         |   |                                 |                  | F WHAT COUNTRY?                          |
| 13. FATHER'S NAME  |                          |                               | Ohio  14. MOTHER'S MAIDEN NAME  |                                 | U.S.             | Α.                                       |
| MOILA W. SAUL<br>15. WAS DECEASED EVER IN U.S<br>(Yes, no, or unkown) (Ifyesgivewa   | ARMED FORCES?   16. 50   | CIAL SECURITY NO. 17.         |   | Address                         |                  | "-                                       |
| 18. CAUSE OF DEATH (En PART I. DEATH WAS CA IMMEDIATE Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last. | USED BY:                 | for (e), (b), end (c).]       | remonia<br>itis, gener<br>terioreloro   | alizes                          | INT              | FYAL BETWEEN SET AND DEATH 48 hrs  5 yrs |
| PART II. OTHER SIGNIFICATION  2006. ACCIDENT WAS UNDERSTOOM OR CONTRIBUTING CAUSE U(IF EITHER, NOTIFY MEDICAL  | YING [7]   20b. DESCR    | BUTING TO DEATH BUT N         | OT RELATED TO THE TERMINAL DISE.  | ASE CONDITION GIVI              |                  | P. WAS AUTOPSY PERFORMED?                |
|  | 1                        |                               | ACE OF INJURY (Home, ferm, 20f. story, street, office bldg., etc.)  | (City or town)                  | (County)         | (State)                                  |
| saw the deceased alive 22e. SIGNATURE  Cur  22c. PHYSICIAN'S NAME (Type)   | 6. Ener                  | EVERETT                       | death occurred at Z.R. M. death occurred at | from the causes a               |                  |  |
| 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) Burial 2,   | /28/66                   | cedar Hill                    | Cemetery P:   | rince Ge                        | orges Co         | Md.                                      |
| The S. H. Hir  |                          | ADDRESS<br>r-Washingto        | 20 tim Let 2 2 1 1  | 1956 J.C.                       | arles Jun        | dge.                                     |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death. 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) 2. a. COUNTY a. STATE b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after by the ONI com MARYLAND b. CITY OR, TOWN (If outside corporate limits c. CITY DR TOWN (If outside corporate limits, write RURAL and give neares town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ۵ 23 day completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET 0 as death certificate be executed within NAME OF 3. OATE Month 4. Last DECEASED DF (Type or print) **OEATH** b AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) and any OIVORCED .= 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Sician please during most of working life, even if retired) INDUSTRY and ous attending physrmit. Then pl removal, FATHER'S NAME MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) this certificate has been signed by the at detached for use as the burial-transit perm e Dept. of Health prior to burial, cremation, the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the PART I. OEATH WAS CAUSED BY: **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which 25 13 (b) rise to immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIOENT WAS UNDERLYING [ OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour a.m. While Not While at work at work 19 1960 Feb 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at5" 1966 saw the deceased alive on. P.M. from the causes and on the date stated above. 22a. SIGNATURE STAFF M.D. PHYS. OIRECTOR PHYS PHYSICIAN'S 22d. AOORESS director, p NAME (Type) 23b. CEMETERY OR CREMATORY LOCATION (city, town or county) BURIAL, CREMATION, OATE THEREOF 23c. NAME OF 23d. REMOVAL (Specify) 25a. REC'O BY REGISTRAR 25b.

VR A15 (4) 15M 4-64

REGISTRAR'S SIGNATURE

22b.

con 9

YES

Day

Davs

12. CITIZEN OF WHAT

COUNTRY?

Months

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMEO? NO T

(State)

that (I) (we) last

(State)

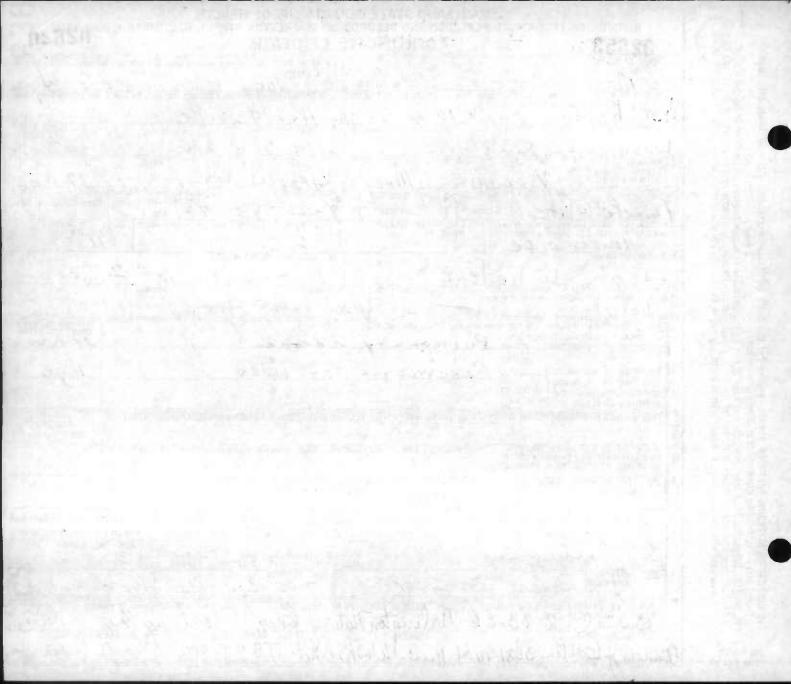
YES T

(County)

1966

OATE SIGNEO

NO



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH かって funer and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a. STATE b. COUNTY MONTGONLERY MARYLAND

c. CITY OR TOYN (If outside corporate limits, write RURAL and give neares from) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Metely filled in by action papers. Page within 72 hours a write RURAL and give nearest town) hours d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) SILVER d. STREET ADDRESS 3. NAME OF DECEASED First DATE Middle 4. Month 0F (Type or print) ZALEZNIK DEATH executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | and ank WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician lease during most of working life, even it retired) INDUSTRY and CTAIL SIQ. STORE 4100 SSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Ther SADORE 15. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, | 17. transit permit. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) the CAUSE DF DEATH [Enter only one cause per line for (a), à ial-trans PART I. DEATH WAS CAUSED BY physician. IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, If any, which been gave rise to immediate attending the r DUE TO cause (a), stating the prior 1 underlying cause last, has as (c) CERTIFICATION for use Health p certificate PHYSICIAN: 1 the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of H this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, I be de State factory, street, office bldg., etc.) Hour a.m. After While Not While þ ATTENDING p.m. 19 at work at work retained DIRECTOR: Alage 3 should led with the S to of 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on de 22a. SIGNATURE pe page filed M.D. PHYS. DIRECTOR PHYS. 4 may 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL director, p NAME (Type) Page !

Days Hours Yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Address INTERVAL BETWEEN ONSET AND DEATH (mun PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 20f. (City or town) (County) and that death occurred at M. from the causes and on the date stated above. DATE SIGNED 020 23a BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATERY LOCATION (State) 23c. town or county) OREMOVAL (Specify) WEIA FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. 1966

IS RESIDENCE

ON A FARM? NO.

Year

- 19 66

YES

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